DOCUMENT RESUME

ED 457 512 CG 031 300

AUTHOR	O'Hagan, Mary
TITLE	Recovery Competencies for New Zealand Mental Health Workers.
ISBN	ISBN-0-478-11371-4
PUB DATE	2001-03-00
NOTE	97p.; Produced by the New Zealand Mental Health Commission, Wellington.
AVAILABLE FROM	For full text: http://www.mhc.govt.nz.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Counselor Training; Curriculum Guides; Foreign Countries; Government Publications; *Mental Disorders; *Mental Health Workers; National Standards; Outcomes of Treatment; Theory Practice Relationship
IDENTIFIERS	New Zealand

ABSTRACT

This book contains a detailed report of the recovery principles set out in the Mental Health Commission's Blueprint for Mental Health Services in New Zealand. The competencies, endorsed by the New Zealand government, describe what mental health workers need to know about using the recovery approach in their work with people with mental illness. The information provides educators with guidance on the inclusion of recovery content in the courses they run for mental health workers. It presents the philosophical foundation of the recovery approach followed by a description of how the competencies were developed. The major categories of the recovery competencies are explained in Section A; Section B provides examples of the categories and subcategories; and Section C presents resources for each sub-category. Several web sites are listed for additional information. (Contains 207 references.) (JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 457 512

Recovery Competencies for New Zealand Mental Health Workers

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG031300

Health

2

MARCH 2001

BEST COPY AVAILABLE

Recovery Competencies for New Zealand Mental Health Workers

Mental Health Commission

March 2001

This resource was researched and written for the
Mental Health Commission by Mary O'Hagan.

Thanks to Jim Burdett and Jane Briscoe for identifying and writing
recovery competency 1.2

It is available in hard copy, on disk and on the
Mental Health Commission's website:
http://www.mhc.govt.nz

Published by the Mental Health Commission
PO Box 12-479
Wellington

Tel 04-474-8900, fax 04-474-8901
email info@mhc.govt.nz

March 2001
ISBN: 0-478-11371-4

Mental Health
COMMISSION

Contents

Introduction 1

The purpose of this paper 1

What is 'recovery'? 1

The origins of 'recovery' 2

Philosophical foundations of the recovery approach 2

What are 'recovery-based competencies'? 3

How were the competencies developed? 4

Who and how to use this paper 4

Explanation of Format 6

Section A 7

Recovery Competencies – Major categories 7

References applicable to all competencies 8

Section B 9

Recovery Competencies – Major categories, subcategories and examples 9

1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts 9

2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness 11

3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery 13

4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users 15

5 A competent mental health worker understands and actively protects service users' rights 16

6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it 18

7 A competant mental health worker acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them 20

8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them 22

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services 24

10 A competent mental health worker has knowledge of family/ whanau perspectives and is able to support their participation in services 26

Section C 28

Resources for Each Sub-category 28

1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts 28

2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness 35

3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery 41

4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users 47

5 A competent mental health worker understands and actively protects service users' rights 50

6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it 53

7 A competent mental health worker acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them 59

8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them 62

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services 65

10 A competent mental health worker has knowledge of family/ whanau perspectives and is able to support their participation in services 70

References 74

Print 74

Electronic ordering options 84

Major websites 84

Appendix: The Blueprint on Recovery and Discrimination 87

Introduction

The purpose of this paper

This paper is an elaboration of the recovery principles set out in the Mental Health Commission's *Blueprint for Mental Health Services in New Zealand*. It attempts to describe the competencies mental health workers need to acquire when using a recovery approach in their work. The *Blueprint* is to be fully implemented by the current Government – this is a clear signal that the mental health workforce must be educated and competent in the recovery approach.

An analysis of the training standards and curricula for psychiatrists, comprehensive nurses, diploma level social workers and mental health support workers showed that there are some gaps in the recognition of recovery competencies. The mental health support workers training standards come the closest to including recovery competencies. There was little or no reference in most of these documents to:

- a recovery approach
- the service user movement and service user participation
- family perspectives and family participation
- the different understandings of mental health and mental illness
- discrimination, stigma and social exclusion
- supporting the personal resourcefulness of service users
- supporting them to develop their relationships and support networks
- assisting them to make effective use of services and resources.

The primary purpose of this paper is to provide educators with guidance on the inclusion of 'recovery' content in the courses they run for mental health workers. It does this by outlining the recovery-based competencies that need to be reflected in training standards and curricula, and by providing a comprehensive list of resources to support the teaching and learning of the recovery-based competencies.

The material in this resource is designed to sit alongside existing professional and clinical course content.

What is 'recovery'?

'Recovery' is defined in the *Blueprint* as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience). Each person with mental illness needs to define for themselves what 'living well' means to them. The definition is purposefully a broad one, because the experience of recovery is different for everyone and a range of service models could potentially support recovery.

The recovery approach requires mental health services to develop and draw on their own resources, but it also requires that they develop and draw on the resources of people with mental illness and their communities. Recovery happens when people with mental illness take an active role in improving their lives, when communities include people with mental

illness, and when mental health services can enable people with mental illness and their communities and families to interact with each other.

The recovery approach is more compatible with community-based models of service provision than institutionally-based ones, but it is not a model of service delivery. It is an approach which can be applied to any models that draw on the resources of service users, their communities as well as mental health services.

The origins of 'recovery'

Most of the literature on a recovery approach for people with major mental illness comes from the United States and has three main ideological sources. The first is the generic recovery or self-help movement exemplified by 'The Power of Positive Thinking', 12-step groups, co-dependency, self-help and new age philosophies. The second source is the mental health service user movement, and its underlying philosophy of human rights and self-determination. The third source is psychiatric rehabilitation with its focus on community integration and overcoming functional limitations.

The competencies in this paper are more strongly influenced by the service user movement than the generic recovery movement or psychiatric rehabilitation.

The vision of recovery that comes out of the United States is more individualistic and mono-cultural than many New Zealanders feel comfortable with. The existing recovery literature tends not to focus as much as it could on discrimination, human rights, cultural diversity or even the potential of communities to support recovery. As a consequence of this, the recovery-based competencies in this paper are more than a rewrite of the existing literature. They are an attempt to redefine recovery for the contemporary New Zealand context.

This is a context where we have the Treaty of Waitangi and the notion of the indigenous people as 'tangata whenua'. New Zealand has a stronger tradition of state provision for the vulnerable and marginalised than the United States, where it tends to be left to the individual to take responsibility for their own needs. We also have a weaker heritage than the United States of the fundamentalist Christian quest for individual salvation that has been secularised there in the last generation through the growth of the generic recovery movement. And New Zealand communities are perhaps less fractured than they are in the United States. In addition to our wider cultural context, the 'Like Minds, Like Mine' anti-discrimination project has focused some of the attention in the mental health sector, away from mental health services and towards the community, as a supporter of recovery.

All this may raise the issue about whether we should use the term 'recovery' at all. We have retained it because we have not changed the fundamental meaning of recovery, we have just strengthened some of the dimensions of recovery which are not fully emphasised in current discussion and literature. The term 'recovery' provides a container for the competencies to sit in. But we could equally label that container as the competencies service users most value, and sometimes find most lacking, in mental health workers.

Philosophical foundations of the recovery approach

It is also philosophically sound for mental health workers to acquire the competencies service users value most because it recognises a fundamental aspect of ethical health care: respect for autonomy. In the west, over the last 2,500 years, philosophers have endorsed the value of autonomy. In doing this they have also had to find answers to the difficult question of when it is justifiable to restrict autonomy. Mental health workers also need to understand

the complex ethical issues embedded in health care. This requires skill in moral reasoning and the ability to critically evaluate their own practice.

The concept of autonomy is usually applied to individuals but in this country mental health workers need to recognise that for Maori and Pacific people the sovereignty of the group may be more important than the sovereignty of individuals. Autonomy may be better expressed in terms such as self-determination or in the case of Maori, tino rangatiratanga.

What are 'recovery-based competencies'?

The term competencies is defined broadly in this paper to include the attitudes, skills, knowledge and behaviour required of the mental health workforce. However, the recovery-based competencies are more often couched in terms of attitudes and knowledge rather than behaviour or skills.

The recovery-based competencies should not just be treated as an add-on to current curricula or training standards. They signal a fundamental change to all aspects of the education of mental health workers. They require that some new material be taught. But they also require that some existing material be taught differently.

These competencies apply to all service users of all ages and cultures. They also apply to people working in all services whether they be mainstream services, kaupapa Maori or service user-run services. And they apply to all mental health workers, in all occupational groups and cultures.

The recovery-based competencies in this paper are not a complete description of all the competencies needed by mental health workers. For instance, we have not included professional ethics. Nor have we included strictly therapeutic or technical competencies which can assist recovery, such as prescribing drugs or the practice of psychotherapy. This is because not everyone in the workforce needs to develop these competencies and they are well covered in existing training standards. However, if the clinical workforce acquires the recovery competencies outlined in this paper, their clinical or therapeutic care and support are more likely to lead to recovery.

Everyone in the workforce needs to acquire recovery-based competencies to a certain level, but some may need to acquire some of the competencies to a more developed level, depending on their job description or occupational group. For instance, mental health support workers may need to acquire some of the community-focused competencies to a higher level than psychiatrists. But psychiatrists will need to acquire some of the treatment-focused competencies to a higher level than mental health support workers.

How were the competencies developed?

The competencies were developed by service users from several information sources:

- A review of international mental health recovery literature.
- A perusal of selected literature on people's experiences of mental illness and services, the service user movement, human rights, discrimination, social exclusion, cultural issues, family perspectives, community development and adult education.
- A review of New Zealand training standards for mental health support workers, nurses, psychiatrists and social workers.

A draft set of competencies was developed for consultation which consisted of:

- focus groups of service users, families, Maori, Pacific people and Asian people
- written comments from education providers, service providers, government agencies, service users and families.

Their comments and concerns were very useful in shaping the final document.

Who and how to use this paper

The most obvious audience for this paper is education providers but it could be useful to anyone involved in the mental health sector.

Education providers should use this paper to identify any gaps in the recovery content of their training standards and courses. Once these have been identified they should fill the gaps referring to the list of competencies and resources.

It is not possible to write a generic list of competencies that can be simply inserted into all training standards. There is a marked difference in the style and detail between the training standards for different courses and occupational groups. And different courses may need to teach some of the competencies to different levels. For these reasons the list of competencies may need to be adapted to fit different training standards and educational levels. In particular, the competencies may lack the detail or measurability required by some training standards. In these cases, it is up to the standards writers and education providers to add the necessary detail and measures.

This paper also provides a list of mainly written and electronic resources to support the teaching of the recovery competencies. These resources are all listed in the 'References' section. The relevant references are also listed under each competency in Section C. Most of the references are available from the electronic book stores listed on page 84 or come with an email address or website where you can access them.

Other groups in the mental health sector should find the recovery-based competencies and resources useful as well. They can be used by service users to gauge the fit between the support for recovery they receive from services and the optimum support for recovery they could receive. The mental health workforce could use them for self-assessment and performance monitoring. The competencies could inform the development of standards and be used in the evaluation and accreditation of services. They could be included in funding contracts with service providers and education providers. They also could be used to help shape government policy.

Finally, the competencies probably look very daunting and unachievable for stressed and overworked mental health workers. It may be useful to view the competencies in the same way many people view recovery – as journey rather than just a destination.

This paper is also available in electronic format on the Mental Health Commission's website www.mhc.govt.nz

Explanation of Format

There are 10 major competencies.

Section A lists the major recovery competencies.

Section B lists sub-categories under the major categories.
The small print underneath each sub-category lists examples – it is not necessarily a complete list but is there to assist the reader's understanding.

Section C is the same as section B, but has an additional heading entitled 'Resources'. Underneath this heading are references and other resources that would be useful for the learning of that competency.

Example: Section C

Recovery competency – major category	**1 A competent mental health worker understands recovery principles in the Aotearoa/NZ and international contexts.**
Recovery competency – Sub-category	**1.1 They can apply the Treaty of Waitangi to recovery**
Examples and definitions	For example, they demonstrate: a) understanding of the articles of the Treaty in their everyday work towards recovery etc ...
Resource list	**Resources for 1.1** Fenton, Liz and Te Kotua, Te Were. *Four Maori Korero about their Experience of Mental Illness*. Mental Health Commission, Wellington, 2000. info@mhc.govt.nz etc ...

12

SECTION A

Recovery Competencies – Major categories

A competent mental health worker:

1. understands recovery principles and experiences in the Aotearoa/NZ and international contexts
2. recognises and supports the personal resourcefulness of people with mental illness
3. understands and accommodates the diverse views on mental illness, treatments, services and recovery
4. has the self-awareness and skills to communicate respectfully and develop good relationships with service users
5. understands and actively protects service users' rights
6. understands discrimination and social exclusion, its impact on service users and how to reduce it
7. acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them
8. has comprehensive knowledge of community services and resources and actively supports service users to use them
9. has knowledge of the service user movement and is able to support their participation in services
10. has knowledge of family/whanau perspectives and is able to support their participation in services.

References applicable to all competencies

NB: See also full reference list – p 74.

Aggleton, Peter, et al. *Young People and Mental Health.* Wiley, 2000. publications@mind.org.uk

Anthony, William A. Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s. *Psychosocial Rehabilitation Journal*, Volume 16, Number 4, 1993.

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Coursey, R., Curtis, LC, Mausch, D, et al. Competencies for Mental Health Workers. *Psychosocial Rehabilitation Journal*, 23: 4, 370-392. curtis@wiredwizard.com

Curtis, Laurie. *New Directions: International Overview of Best Practices in Recovery and Rehabilitation Services for People with Serious Mental Illness.* Center for Community Change, University of Vermont, USA, 1997. curtis@wiredwizard.com

Fisher, Daniel. *A New Vision of Recovery.* National Empowerment Center, USA, no date. www.power2u.org

Grohol, John. *The Insider's Guide to Mental Health Resources Online, 2000/2001 Edition.* Guilford Press, New York, 2000. For updates on 2000/2001 edition visit www.insidemh.com

Mental Health Commission. *Blueprint for Mental Health Services in New Zealand.* 1998. info@mhc.govt.nz

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Ministry of Health. *Moving Forward: The National Mental Health Plan for More and Better Services.* 1997. pubs@moh.govt.nz

Ministry of Health. *The National Mental Health Standards.* 1997. pubs@moh.govt.nz

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

NZ Qualifications Authority. *National Certificate in Mental Health Support Work.* 1998. www.nzqa.govt.nz/framework/

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

Spaniol, LeRoy, et al. *Psychological and Social Aspects of Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1997.

14

SECTION B

Recovery Competencies – Major categories, subcategories and examples

1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts

1.1 They demonstrate ability to apply the Treaty of Waitangi to recovery

For example, they demonstrate:

a) understanding of the articles of the Treaty in their everyday work towards recovery

b) understanding of the impact of colonisation and Treaty non-compliance on Maori

c) knowledge of the differing health and socio-economic status of Maori and non-Maori

d) ability to enable Maori service users to rediscover their identity and to enrich their mana.

1.2 They understand the philosophical foundations of recovery in the mental health setting

For example, they demonstrate:

a) understanding of autonomy as fundamental to the recovery of people with mental illness

b) ability to accurately assess the parameters of autonomy, including the physical, social and psychological context, possible consequences and their duty as a health worker.

c) ability to use moral reasoning and make informed judgements in their work, based on their understanding that health work is a moral endeavour.

1.3 They demonstrate knowledge of and empathy with service user recovery stories or experiences

For example, they demonstrate:

a) awareness of recovery stories from different cultures and age groups

b) ability to see people in the context of their whole selves and lives, not just their illness

c) ability to adopt the story teller's frame of reference.

1.4 They demonstrate understanding of the principles, processes and environments that support recovery

For example, they demonstrate:

a) ability to articulate the common themes in the process of recovery

b) understanding of the role of service users in their own recovery

c) understanding of the wider societal values and responses that support recovery

d) understanding of the service values and responses that support recovery

e) understanding of the major barriers to recovery.

2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness

2.1 They demonstrate knowledge of human resilience and strength and knowledge of how to facilitate it

For example, they demonstrate:

a) familiarity with the concept of resilience and strength in contrast to deficits-based approaches

b) understanding of adult education principles, coaching and mentoring.

2.2 They demonstrate the ability to support service users to deal constructively with trauma, crisis and keeping themselves well

For example, they demonstrate:

(a) ability to support people to find positive meaning in their experience of mental illness

(b) understanding of how to minimise the impact of trauma and negative life experience that predates mental illness

(c) understanding of how to minimise the impact of trauma that arises out of mental illness

(d) ability to support people with self-management of distressing aspects of mental illness, eg. negative moods, hearing voices, unusual beliefs, self-harm and suicidal urges, and crises

(e) ability to support people with self-monitoring of triggers and early warning signs

(f) understanding of the importance of exercise, nutrition, sleep, spirituality, creative outlets and stress management

(g) ability to support people with medication management

(h) ability to inform people of the likely impact of alcohol, other recreational drugs and smoking.

2.3 They demonstrate the ability to support service users to experience positive self-image, hope and motivation

For example, they demonstrate:

a) ability to support people to take control of their lives

b) ability to support people self-advocate and know their rights

c) ability to support people to develop hope and optimism

d) ability to support people to cope and use problem solving skills

e) ability to support people in deciding what they want out of life.

2.4 They demonstrate the ability to support service users live the lifestyle and the culture of their choice

For example, they demonstrate:

a) ability to support people to find adequate housing, work and income

b) ability to support people to establish and/or maintain relationships, eg. family of origin, partners, lovers, children, friends, peer support networks, cultural networks

c) ability to support people fulfil their social responsibilities, eg. household management, parenting, work.

3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery

3.1 They demonstrate knowledge of the major ways of understanding mental illness

For example, they demonstrate:

a) knowledge of different explanations – spiritual/moral, psychological, sociological, biological

b) understanding of the social model of disability

c) knowledge of different cultural responses, eg. Maori, European, Pacific Nations, Asian

d) knowledge of the different ways mental illness impacts on service users, families and communities

e) knowledge of Western historical responses, eg. pre-asylum, asylum, community care

f) knowledge of the rates of improvement of people with mental illness.

3.2 They demonstrate knowledge of major types of treatments and therapies and their contributions to recovery

For example, they demonstrate:

a) knowledge of biological treatments

b) knowledge of psychotherapeutic approaches

c) knowledge of self-help approaches

d) knowledge of Maori traditional healing

e) knowledge of Pacific people's traditional healing

f) knowledge of alternative and complementary treatments, eg. homeopathy, acupuncture, herbal medicine, massage.

3.3 They demonstrate the ability to facilitate service users to make informed choices for recovery

For example, they demonstrate:

a) commitment to providing quality information on mental illness and treatments from various viewpoints

b) ability to articulate the pros and cons of different treatments to service users

c) ability to support service users to make the best use of treatments, minimise side-effects and withdraw from medication.

3.4 They demonstrate knowledge of innovative recovery-oriented service delivery approaches

For example, they demonstrate:

a) knowledge of kaupapa Maori services

b) knowledge of service user run services

c) knowledge of a range of crisis and respite options

d) knowledge of range of education and employment supports and services

e) knowledge of a range of housing options and supports

f) knowledge of community development and community inclusion approaches.

4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users

4.1 They demonstrate self-awareness of their life experience and culture

For example, they demonstrate:

a) understanding of own culture, values and life experience in the New Zealand context

b) understanding of the impact of their culture, values and life experience on relationships with service users

c) ability to use aspects of their own life experience to empathise with service users.

4.2 They demonstrate communication styles that show respect for service users and their families/whanau

For example, they demonstrate:

a) understanding of different cultural communication styles

b) listening skills and ability to take people's experiences seriously

c) ability to communicate respect and positive reinforcement to the service user

d) ability to use communication styles that motivate and support people to change

e) understanding of power dynamics

f) ability and willingness to share information with service users

g) use of non-technical, understandable written and oral language

h) knowledge of how to use interpreters for non-English speaking people

i) conflict resolution skills.

4.3 They manage relationships so they will facilitate recovery

For example, they demonstrate:

a) ability to build trust with service users

b) ability to work in partnership and reciprocity with service users

c) ability to focus on strengths and to encourage purpose

d) ability to adapt levels of support to people's different and changing needs

e) ability to let service users think for themselves and make free decisions

f) ability to build respect and trust with families and whanau.

5 A competent mental health worker understands and actively protects service users' rights

5.1 They demonstrate knowledge of human rights principles and issues

For example, they demonstrate:

a) understanding of the principles of autonomy, self-determination, and privacy

b) understanding of the right to treatment, right to refuse treatment, and informed consent

c) understanding of the importance of minimising involuntary practices, eg. seclusion, restraint and forced treatment

d) understanding of the tensions between political, bureaucratic, professional and legal processes and service users' rights

e) understanding of the tensions between the rights of service users and the rights of families and communities.

5.2 They demonstrate knowledge of service users' rights within mental health services and elsewhere

For example, they demonstrate:

a) knowledge of compulsory assessment and treatment law, eg. Mental Health Act, 1992, Alcohol and Drug Addiction Act 1966

b) knowledge of discrimination law, eg. Human Rights Act 1993, NZ Bill of Rights Act 1990

c) knowledge of health consumers' rights, eg. Health and Disability Commissioner's Code of Rights, Privacy Code

d) knowledge of guardianship law, eg. Protection of Personal & Property Rights Act 1988

e) familiarity with international rights instruments, eg. Universal Declaration of Human Rights, UN Standard Rules for the Equalisation of Persons with Disabilities.

f) knowledge of service user powers to determine what happens in a future crisis, eg. advance directives,[1] psychiatric wills.

---

[1] "Advance directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself.

5.3 The demonstrate the ability to promote and fulfil service users' rights

For example, they demonstrate:

a) ability to educate service users about their rights

b) knowledge of the use of protocols, etc, that support service users' rights

c) knowledge of the use of complaints procedures and HDC advocates

d) ability to advocate on behalf of service users in other services and the wider community.

6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it

6.1 They demonstrate knowledge of discrimination and social exclusion issues

For example, they demonstrate:

a) familiarity with the concepts of stigma, discrimination and social exclusion as they affect people with mental illness

b) awareness of stories and research on discrimination against people with mental illness

c) understanding of internalised stigma and its impact on service users.

6.2 They demonstrate an understanding of discrimination and exclusion by the wider community

For example, they demonstrate:

a) understanding of discrimination in employment

b) understanding of discrimination in education

c) understanding of discrimination in housing

d) understanding of discrimination in access to social networks

e) understanding of discrimination in the provision of goods and services

f) ability to articulate the role of the media in perpetrating discrimination.

6.3 They demonstrate an understanding of discrimination by the health workforce

For example, they demonstrate:

a) understanding of discrimination in legislation, public policy and funding, eg. institutionally-based services, historic under-funding of mental health service

b) understanding of discrimination in the management of services, eg. weak consumer participation, lack of complaints procedures

c) understanding of one to one discrimination, eg. derogatory or incomprehensible language, controlling behaviour, paternalistic attitudes, low expectations, neglect, abuse

d) understanding of discrimination against service users working in mental health services, eg. low expectations, low rates of pay, lack of safety to 'come out' about mental illness.

e) understanding of discrimination against the mental health workforce by other health/social services workforces.

6.4 They demonstrate an understanding or other kinds of discrimination and how they interact with discrimination on the grounds of mental illness

For example, they demonstrate:

a) understanding of discrimination on the grounds of ethnicity, gender, sexual orientation, religious beliefs, and other disabilities as a contributor to mental illness

b) understanding of the impact of multiple discrimination on service users – on the grounds of ethnicity, gender, sexual orientation, religious beliefs or other disabilities – as well as mental illness.

6.5 They demonstrate familiarity with different approaches to reducing discrimination

For example, they demonstrate:

a) knowledge of legislation, eg. anti-discrimination law

b) knowledge of public policy to reduce discrimination

c) knowledge of mass media campaigns to reduce discrimination

d) knowledge of community development approaches for the wider community

e) knowledge of service development and educational approaches for the health workforce

f) knowledge of current projects to counter discrimination

g) ability to educate other service sectors and the wider community on discrimination issues.

7 A competent mental health worker acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them

7.1 They demonstrate an awareness of cultural diversity

For example, they demonstrate:

a) knowledge of the cultural make up of Aotearoa/New Zealand

b) understanding of the dominance of European-derived cultures in New Zealand

c) understanding of the experience of dispossession or minority cultural status

d) understanding of new immigrant and refugee adjustment issues

e) knowledge of non-ethnic 'cultures', eg. deaf culture, gay/lesbian culture.

7.2 They demonstrate knowledge of Maori protocols and models of care

For example, they demonstrate:

a) ability to articulate Maori cultural traditions and follow protocols in the work context

b) ability to articulate Maori views on health, eg. Whare Tapa Wha

c) knowledge of Maori treatments, eg. rongoa Maori

d) correct pronunciation and usage of te reo

e) knowledge of kaupapa Maori services and ability to work with them

f) ability to involve whanau, hapu and iwi in mainstream services

g) ability to involve Maori service users in mainstream and kaupapa Maori services.

7.3 They demonstrate knowledge of European-derived cultures

For example, they demonstrate:

a) knowledge of diversity within European cultures

b) knowledge of European cultural traditions, eg. colonisation, individualism, human rights

c) understanding of European privilege in the New Zealand context

d) understanding of Western explanations and attitudes to mental illness.

7.4 They demonstrate knowledge of Pacific Islands cultures

For example, they demonstrate:

a) knowledge of diversity within the different Pacific cultures

b) knowledge of Pacific people's culture, eg. role of family, religious traditions, respect for authority

c) ability to articulate Pacific people's traditional views on health

d) knowledge of traditional Pacific people's treatments

e) knowledge of Pacific people's services and the ability to work with them

f) ability to involve Pacific people's families, communities and service users in services.

7.5 They demonstrate knowledge of Asian cultures

For example, they demonstrate:

a) knowledge of diversity within Asian cultures

b) knowledge of Asian culture, eg. importance of family, religious traditions, duty, respect for authority, honour, shame and harmony

c) ability to articulate Asian views on health

d) knowledge of traditional Asian treatments, eg. acupuncture

e) ability to involve Asian families, communities and service users in services.

8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them

8.1 They demonstrate ability to facilitate access to and good use of mental health services

For example, they demonstrate:

a) knowledge of mental health sector policy and standards

b) knowledge of the roles of the different types of services and occupational groups and ability to work with them

c) knowledge of local mental health services, eg. roles, eligibility and referrals

d) knowledge of local and national mental health advocacy organisations, eg. service user, family, provider, rights, Maori, Pacific nations

e) ability to develop links with other local mental health services and mental health organisations

f) ability to assist the service user get the most out of services, eg. when to access them, choosing service options, information to give and questions to ask, building effective relationships with professionals, making complaints, when to leave them.

8.2 They demonstrate ability to facilitate access and good use of other government sectors

For example, they demonstrate:

a) knowledge of current policies and practices which impact on people with mental illness

b) familiarity with primary health services

c) familiarity with education sector

d) familiarity with income and employment

e) familiarity with housing

f) familiarity with police and justice

g) ability to develop links with government and local government sectors for the benefit of service users

h) ability to assist service users get the best use of these services

i) ability to advocate with other service providers for access to services.

8.3 They demonstrate ability to facilitate access to and good use of community resources and services

For example, they demonstrate:

a) knowledge of community development principles and practice

b) knowledge of local community resources and supports and where to get information about them, eg. voluntary welfare agencies, iwi, churches, employment agencies, private or subsidised counselling and psychotherapy, childcare, clubs, law centres and other legal services, internet, Citizen's Advice, community education

c) ability to develop links with local community resources and services for the benefit of service users

d) ability to assist service users get the most out of community supports and resources.

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services

9.1 They demonstrate knowledge of the principles and activities of the service user movement

For example, they demonstrate:

a) understanding of the principles of self-determination, human rights and social inclusion

b) understanding of the similarities with other social movements, eg. women's movement, civil rights, indigenous movements

c) understanding of the meaning and scope of advocacy, eg. individual, systems, political

d) understanding of the meaning and scope of service user run self-help, eg. support networks, peer counselling, service user run businesses.

9.2 They demonstrate knowledge of the range of service user participation and principles and policy behind it

For example, they demonstrate:

a) knowledge of government policy on service user participation

b) understanding of the levels of participation, eg. one-to-one, management, funding, policy

c) understanding of the phases of participation, eg. planning, delivery, evaluation, improvements

d) understanding of different service user roles in participation – as service recipients, in advisory roles or as service providers.

9.3 They demonstrate understanding of the different methods of service user participation

For example, they demonstrate:

a) ability to work in partnership with individuals to support recovery, eg. collaborative approaches to goal setting, treatment, crisis planning, recording notes and the provision of information

b) ability to seek a representative view of what service users think, eg. surveys, focus groups, consultation, representatives on committees and boards

c) ability to use 'experts' with experience of mental illness, eg. employing or contracting people to do work, appointing advisors or board members.

d) ability to support service user-run independent initiatives while they are being established, eg. 'umbrella-ing', joint ventures, technical assistance, financial assistance, and supervision.

9.4 They demonstrate the ability to apply knowledge of service user participation to different groups and settings

For example, they demonstrate:

a) understanding of participation issues for different age groups

b) understanding of participation issues for different cultures, eg. Maori, Pacific Nations, Pakeha

c) understanding of participation issues for different types of services, eg. forensic service users, service users under compulsory treatment orders

d) understanding of participation issues for present and past service users, and of role strain in service users.

10 A competent mental health worker has knowledge of family/ whanau perspectives and is able to support their participation in services

10.1 They demonstrate knowledge of the range of family participation and the principles and policy behind it

For example, they demonstrate:

a) knowledge of government policy on family participation

b) knowledge of the different levels of participation, eg. one-to-one, management, funding, policy

c) knowledge of the different phases of participation, eg. planning, delivery, evaluation

d) understanding of the importance of family participation in Maori, Asian and Pacific People's cultures

e) understanding of the importance of service user consent to family involvement.

10.2 They demonstrate knowledge of the methods of family participation

For example, they demonstrate:

a) ability to work in partnership with families to support recovery of relative, eg. support with own responses, information on mental illness, education of family to use a recovery approach, family involvement in goal setting, treatment, crisis planning

b) ability to seeking a representative view of what families in a given service, network or population think, eg. surveys, focus groups, consultation, representatives on committees and boards selected by families

c) ability to use of experts among families, eg. employing or contracting people to do work, appointing advisors or board members.

10.3 They demonstrate the ability to apply their knowledge of family participation to different groups and settings

For example, they demonstrate:

a) understanding of family involvement with child and adolescent service users

b) understanding of family involvement in Maori, Pacific Nations, Pakeha contexts

c) understanding of family involvement when service users are compulsorily treated or detained

d) knowing when families and service users interests differ and what to do about it.

10.4 They demonstrate awareness of the experiences of families and their potential to support recovery

For example, they demonstrate:

a) understanding of the impact mental illness on family relationships

b) understanding of the stresses and needs of families

c) ability to facilitate families in their support role with their relative

d) ability to determine what personal information they can or can't give to families

e) knowledge of family support and advocacy groups and resources.

SECTION C

Resources for Each Sub-category

1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts

1.1 They demonstrate ability to apply the Treaty of Waitangi to recovery

For example, they demonstrate:

a) understanding of the articles of the Treaty in their everyday work towards recovery

b) understanding of the impact of colonisation and Treaty non-compliance on Maori

c) knowledge of the differing health and socio-economic status of Maori and non-Maori

d) ability to enable Maori service users to rediscover their identity and to enrich their mana.

Resources for 1.1

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Durie, Mason. *Whaiora: Maori Health Development.* Oxford University Press, Auckland, 1994, 1998.

Durie, Mason, et al. *A Framework for Measuring Maori Mental Health Outcomes.* Department of Maori Studies, Massey University, 1997. TePutahi-a-Toi@massey.ac.nz

Durie, Mason, et al. *Hua Oranga: A Maori Measure of Mental Health Outcome.* Department of Maori Studies, Massey University, 2000. TePutahi-a-Toi@massey.ac.nz

Dyall, Lorna, et al. *Maori Expectations of Mental Health Services – A Rotorua Viewpoint.* 1998.

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Hirini, P. Counselling Maori Clients: He Whakawhitiwhiti nga Whakaaro I te Tangata Whaiora Maori. *New Zealand Journal of Psychiatry*, Volume 27, Number 2, 1997.

Mental Health Commission. *Report of Key Messages to the Mental Health Commission from the Hui held February–April 1998.* Mental Health Commission, Wellington, 1998. info@mhc.govt.nz

Ritchie, James. *Becoming Bicultural.* Huia Publishers, Wellington, 1992.

Te Puni Kokiri. *Nga Ia o te Oranga Hinengaro Maori: Trends in Maori Mental Health. Wellington, Ministry of Maori Development,* 1994. www.tpk.govt.nz

Yensen, Helen, et al. *Honouring the Treaty: An Introduction for Pakeha to the Treaty of Waitangi.* Penguin, Auckland, 1989.

1.2 They understand the philosophical foundations of the recovery approach.

For example, they demonstrate:

a) understanding of autonomy as a first principle (i.e. they are aware of the ethical implications of the need of each person with mental illness to exercise self determination)

b) ability to accurately assess the parameters of this self determination, including the physical, social and psychological context, possible consequences and their duty as a health worker

c) ability to exercise moral reasoning and make informed judgements based on the above understandings and assessments.

Resources for 1.2

Applebaum, P S & Grisso, T. Assessing Patients' Capacities to Consent to Treatment. *New England Journal of Medicine*, 319(25), 1635-1638, 1988

Barker, P. & Davidson, B. The Ethical landscape. In P. Barker & B. Davidson (Eds.), *Ethical Strife* (pp. 1-14). London: Arnold, 1998

Bishop, A H., & J. R. Scudder, J. *The Practical, Moral and Personal Sense of Nursing*. New York: State University of New York Press, 1990

Briscoe, J. (1999). *The Ethics Of Everyday Care In An Acute Psychiatric Admission Unit.* Unpublished Dissertation for MHSc, University of Auckland, Auckland, 1999

Burdett, J. *Philosophy in the classroom*. Unpublished essay available from author, 1998. jibb@xtra.co.nz

Campbell, A., Charlesworth, M., Gillett, G., & Jones, G. Theories of medical Ethics, *Medical Ethics* . Auckland: Oxford University Press, 1997

Curtis, L. C., & Hodge, M. Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Services. *Introduction to Psychiatric Rehabilitation, Chapter 4: Training Psychiatric Rehabilitation Staff.* (pp. 339- 354), date unknown

Dunn, C. Ethical Issues in Mental Illness. Aldershot: Ashgate Publishing Ltd, 1998.

Emanuel, E. J., & Emanuel, L. L. Four Models of the Physician Patient Relationship. *Journal of the American Medical Association*, 267(16), 2221-2226, 1992

Evans, D. *Values in Medicine: What are we really doing to our patients?* (Inaugral Professorial Lecture). Dunedin: University of Otago, 1998.

Fulford, K. W. M. (1993). Bioethical Blind Spots: Four Flaws in the Field of View of Traditional Bioethics. *Health Care Analysis*, 1, 155-162, 1993.

Fulford, K. W. M., & Hope, T. (1994). Psychiatric Ethics: a Bioethical Ugly Duckling? In R. Gillon (Ed.), *Principles of Health Care Ethics* (pp. 681-695). Chichester: John Wiley & Sons, 1994.

Gillon, R. Preface: Medical Ethics and the Four Principles. In R. Gillon (Ed.), *Principles of Health Care Ethics* . Chichester: John Wiley & Sons, 1994.

Lothian, J. *From Paternalism to Participation?* University of Auckland, Auckland 1999. Mill, J. S. On Liberty. In M. Warnock (Ed.), *Utilitarianism: John Stuart Mill* (pp. 126-250). London: Collins, 1970.

Nash, P. Autonomy, Competence and Mental Disorders. In D. Evans (Ed.), *Why Should We Care* (pp. 116-127). Basingstoke: Macmillan Press, 1990.

Pellegrino, E. D., & Thomasma, D. C. *For the Patient's Good: The Restoration of Beneficence in Health Care.* New York: oxford University Press, 1988.

Prebble, C. M. *The Experience of Contradiction in Mental Health Nursing Practice.* Unpublished Dissertation for MHSc, University of Auckland, Auckland, 1966.

Rachels, J. *The Elements of Moral Philosophy.* (3rd ed.). Singapore: McGraw-Hill College, 1999.

Seedhouse, D. *Ethics: The Heart of Health Care.* (2nd ed.). Chichester: John Wiley & Sons, 1998.

Seedhouse, D. Practical Nursing Philosophy. Chichester: John Wiley & Sons, 2000.

Spaniol, L., Koehler, M., & Hutchinson, D. *The Recovery Workbook: Practical coping and empowerment strategies for people with psychiatric disability.* Boston: Boston University, 1997.

Veatch, R. *A Theory of Medical Ethics.* New York: Basic Books Inc, 1981.

Walsh, K. Ontology and the Nurse-Patient Relationship in Psychiatric Nursing. *Australian and New Zealand Journal of Mental Health Nursing*, 3(4), 113-118, 1994

1.3 They demonstrate knowledge of and empathy with service user recovery stories or experiences

For example, they demonstrate:

a) awareness of recovery stories from different cultures and age groups

b) ability to see people in the context of their whole selves and lives, not just their illness

c) ability to adopt the story teller's frame of reference.

Resources for 1.3

Alcoholics Anonymous. *Alcoholics Anonymous.* Available from general services office, PO Box 6458, Wellington.

Aggleton, Peter, et al. *Young People and Mental Health.* Wiley, 2000. publications@mind.org.uk

Barker, Phil, et al. *From the Ashes of Experience: Reflections on madness, survival and growth.* Whurr Publishers, 1999. publications@mind.org.uk

Barnes, Mary. *Two Accounts of a Journey Through Madness.* Penguin, London, 1973.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis Laurie . *Recovery Skills – Intensive workshop. Integrating recovery principles into everyday practice.* Center for Community Change, University of Vermont, USA, no date. curtis@wiredwizard.com

Deegan, Patricia. *Recovery, Rehabilitation and the Conspiracy of Hope,* National Empowerment Center, USA, 1992. www.power2u.org

Deegan, Patricia. Recovery as a Journey of the Heart. *Psychosocial Rehabilitation Journal,* Volume 19, Number 3, 1996.

Deegan, Patricia. Spirit Breaking: When the Helping Professions Hurt. *The Humanistic Psychologist,* Volume 18, Number 3, 1990.

Deegan, Patricia. *How Recovery Begins.* National Empowerment Center, USA, 1990. www.power2u.org

Fahy, Marguerite and Lysaght, Veronica . *The Sun Will Shine Again: Stories of survival and optimism in the face of mental illness.* Schizophrenia Fellowship, Wellington, 1999. sfwell@xtra.co.nz

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Frame, Janet. *Faces in the Water.* Women's Press, London, 1980.

Frame, Janet. *An Autobiography. Volume One: To the Is-Land, 1995; Volume Two: An Angel at my Table, 1994; Volume Three: Envoy from Mirror City, 1994.* Vintage, Dunedin.

Golding, Jackie. *WithOut Prejudice: MIND Lesbian, Gay and Bisexual Mental Health Awareness Research.* Mind, London, 1997. publications@mind.org.uk

Grobe, Jeanine (ed). *Beyond Bedlam: Contemporary women psychiatric survivors speak out.* Third Side Press, Chicago, 1995.

Laws, Sophie. *Hear Me: Consulting with young people on mental health services.* The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk.

King, Michael. *Wrestling With the Angel: a Life of Janet Frame.* Penguin, Auckland, 2000.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Malo, Vito. *Pacific People in New Zealand talk about their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences.* 2000. info@mhc.govt.nz

Mental Health Commission. *Three Forensic Service Users and Their Families Talk About Recovery.* 2000. info@mhc.govt.nz

Millet, Kate. *The Loony Bin Trip.* Simon and Schuster, New York, 1990.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Porter, Roy. *A Social History of Madness: Stories of the Insane.* Phoenix Giants, London, 1996.

Read, Jim, et al. *Speaking Our Minds: An Anthology.* MacMillan, England, 1996. publications@mind.org.uk

Save the Children. *Time to Listen: Young people's experiences of mental health problems.* The Mental Health Foundation, London, 1999. mhf@mentalhealth.org.uk

Spaniol, LeRoy, et al. *The Experience of Recovery*, Center for Psychiatric Rehabilitation. Boston University, 1994. edelston@bu.edu

Styron, William. *Darkness Visible: A memoir of madness.* Picador, London, 1992.

Weingarten, Richard. The Ongoing Process of Recovery. *Psychiatry*, Volume 57, November 1994.

Wurtzel, Elizabeth. *Prozac Nation: Young and Depressed in America.* Quartet, London, 1994.

1.4 They demonstrate understanding of the principles, processes and environments that support recovery

For example, they demonstrate:

a) ability to articulate the common themes in the process of recovery

b) understanding of the role of service users in their own recovery

c) understanding of the wider societal values and responses that support recovery

d) understanding of the service values and responses that support recovery

e) understanding of the major barriers to recovery.

Resources for 1.4

Alcoholics Anonymous. *Alcoholics Anonymous.* Available from general services office, PO Box 6458, Wellington.

Anthony, William A. Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s. *Psychosocial Rehabilitation Journal*, Volume 16, Number 4, 1993.

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis, Laurie. *New Directions: International Overview of Best Practices in Recovery and Rehabilitation Services for People with Serious Mental Illness.* Center for Community Change, University of Vermont, USA, 1997. curtis@wiredwizard.com

Curtis, LC. Practice Guidance for Recovery-Oriented Behavioral Healthcare for Adults with Serious Mental Illnesses. Personal Outcome Measures in Consumer-Directed Behavioral Health. In Towson, MD. *The Council on Quality and Leadership for Persons with Disabilities*, 2000, pp. 25-42. curtis@wiredwizard.com

Darlington, Yvonne, et al. Strategies for encouraging and maintaining hope among people living with serious mental illness. In *Australian Social Work*. Volume 52, Number 3, 1999.

Davidson, Larry, et al. Beyond the Bio-psychosocial Model: Integrating disorder, health and recovery. *Psychiatry*, Volume 58, pp. 44-55.

Deegan, Patricia. *Recovery, Rehabilitation and the Conspiracy of Hope*, National Empowerment Center, USA, 1992. www.power2u.org

Deegan, Patricia. Recovery as a Journey of the Heart. *Psychosocial Rehabilitation Journal*, Volume 19, Number 3, 1996.

Deegan, Patricia. Spirit Breaking: When the Helping Professions Hurt. *The Humanistic Psychologist*, Volume 18, Number 3, 1990.

Deegan, Patricia. *How Recovery Begins*. National Empowerment Center, USA, 1990. www.power2u.org

Deegan, Patricia. Recovering our Sense of Value After Being Labelled. *Journal of Psychiatric Nursing*, Volume 31, Number 4, pp. 7-11.

Duncan, Barry, et al. *Psychotherapy with 'Impossible' Cases*. WW Norton & Co, New York, 1997.

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems*. Mind, London, 1999. publications@mind.org.uk

Durie, Mason, et al. *Hua Oranga: A Maori Measure of Mental Health Outcome*. Department of Maori Studies, Massey University, 2000. TePutahi-a-Toi@massey.ac.nz

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress*. The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness*. Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Fisher, Daniel. *A New Vision of Recovery*. National Empowerment Center, USA, no date. www.power2u.org

GROW NZ. *The Blue Book*. GROW NZ Inc. PO Box 8720, Symonds Street, Auckland. national@grow.org.nz

Hatfield, A, et al. *Surviving mental illness: Stress, coping and adaptation*. New York, Guildford, 1993.

Hyden, Lars-Christer. The Rhetoric of Recovery and Change, *Culture, Medicine and Psychiatry*, 19: 73-90,1995.

Jacobson, Nora, et al. Recovery as Policy in Mental Health Services: Strategies emerging from the states. In *Psychiatric Rehabilitation Journal*, Volume 23 pp. 333-341, 2000.

Lampshire, Debra, et al. *Recovery Principles for the Older Adult: Dispelling the Myths and Defining the Potential*. Unpublished paper, Auckland Healthcare, 2000. debral@ahsl.co.nz

Lapsley Hilary, et al. Transforming Self and Identity: Narratives of Recovery. In Walkerdine, Valerie (ed) *Selected Papers from the Millennium World Conference in Critical Psychology*. In press. hlapsley@waikato.ac.nz

Lapsley, Hilary, et al. Women's Narratives of Recovery from Disabling Mental Health Problems: A bicultural project from Aotearoa/New Zealand. In Ussher, Jane (ed) *Women's Health: Contemporary International Perspectives*. British Psychological Society, London, 2000.

Leibrich, Julie. The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand*. Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness*, Otago University Press, Dunedin, 1999.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer*. 2000. http://ekmhcweb.org/recovery/rec.htm

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness*. Oxford University Press, New York, 1998.

Rogers, Anne, et al. *Experiencing Psychiatry: Users' Views of Services*. MacMillan, England, 1993. Out of print. Try libraries.

Spaniol, LeRoy, et al. *The Experience of Recovery*, Center for Psychiatric Rehabilitation. Boston University, 1994. edelston@bu.edu

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective*. Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

See also full reference list – page 74.

2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness

2.1 They demonstrate knowledge of human resilience and strength and knowledge of how to facilitate it

For example, they demonstrate:

a) familiarity with the concept of resilience and strength in contrast to deficits-based approaches

b) understanding of adult education principles, coaching and mentoring.

Resources for 2.1

Boud, David, et al. *Reflection: Turning experience into learning.* Kogan Page, London, 1985.

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Copeland, Mary Ellen . *Living with Depression and Manic Depression: A Workbook for Maintaining Mood Stability.* New Harbinger Publications, Oakland California, no date.

Cranton, Patricia. *Working with Adult Learners.* Wall & Emerson, Toronto, 1992.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis Laurie. *Recovery Skills – Intensive workshop. Integrating recovery principles into everyday practice.* Center for Community Change, University of Vermont, USA, no date. curtis@wiredwizard.com

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Hatfield, A, et al. *Surviving mental illness: Stress, coping and adaptation.* New York, Guildford, 1993.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Knowles, Malcolm. *Self-Directed Learning: A guide for learners and teachers.* New York, Association Press, 1975

Kolb, David. *Experiential Learning: Experience as the source of learning and development.* Prentice-Hall, New Jersey, 1984.

Leibrich, Julie. The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour.* The Guilford Press, New York, 1991.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Siebert, Al. *The Survivor Personality.* Berkley Publishing Group, New York, 1996.

Spaniol, LeRoy, et al. *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *Leader's Guide: The Recovery Workbook.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective.* Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com.

Wolin, S, et al. *The Resilient Self.* New York, Villiard Books, 1993.

2.2 They demonstrate the ability to support service users to deal constructively with trauma, crisis and keeping themselves well

For example, they demonstrate:

(a) ability to support people to find positive meaning in their experience of mental illness

(b) understanding of how to minimise the impact of trauma and negative life experience that predates mental illness

(c) understanding of how to minimise the impact of trauma that arises out of mental illness

(d) ability to support people with self-management of distressing aspects of mental illness, eg. negative moods, hearing voices, unusual beliefs, self-harm and suicidal urges, and crises

(e) ability to support people with self-monitoring of triggers and early warning signs

(f) understanding of the importance of exercise, nutrition, sleep, spirituality, creative outlets and stress management

(g) ability to support people with medication management

(h) ability to inform people of the likely impact of alcohol, other recreational drugs and smoking.

Resources for 2.2

Andrews, Gavin and Oakley Browne, Mark. *Management of Mental Disorders.* Volumes 1 and 2. New Zealand edition, World Health Organisation, 2000. pubs@moh.govt.nz

Arnold, Lois. *Working with People who Self-Injure: A Training pack.* The Mental Health Foundation, London, no date. mhf@mentalhealth.org.uk

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Copeland, Mary Ellen. *Living with Depression and Manic Depression: A Workbook for Maintaining Mood Stability.* New Harbinger Publications, Oakland California, no date.

Copeland, Mary Ellen. *Wellness Recovery Action Plan.* Peach Press, USA, 1997.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis Laurie. *Recovery Skills – Intensive workshop. Integrating recovery principles into everyday practice.* Center for Community Change, University of Vermont, USA, no date. curtis@wiredwizard.com

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Hatfield, A, et al. *Surviving mental illness: Stress, coping and adaptation.* New York, Guildford, 1993.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Leibrich, Julie. The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Miller, Judith S. Personal Consciousness Integration: The next phase of recovery. In *Psychiatric Rehabilitation Journal*, Volume 23, pp. 342-352, 2000.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour.* The Guilford Press, New York, 1991.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Mueser, K, et al. Trauma and Post-traumatic Distress Disorder in Severe Mental Illness. *Journal of Consulting and Clinical Psychology*, Volume 66, pp. 493-499.

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Romme, Marius. *Accepting Voices.* Mind, 1993. publications@mind.org.uk

Romme, Marius, et al. *Making Sense of Voices: A guide for mental health professionals working with voice hearers.* Mind, London, 2000. publications@mind.org.uk

Spaniol, LeRoy, et al. *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *Leader's Guide: The Recovery Workbook.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

The National Self-Harm Network. *The 'Hurt Yourself Less' Workbook. 1998.* mhf@mentalhealth.org.uk

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective.* Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

Watkins, John. *Hearing Voices: A common human experience.* Hill of Content, Melbourne, 1998.

Watkins, John. *Living with Schizophrenia: An holistic approach to understanding, preventing and recovering from negative symptoms.* Hill of Content, Melbourne, 1996.

2.3 They demonstrate the ability to support service users to experience positive self-image, hope and motivation

For example, they demonstrate:

a) ability to support people to take control of their lives

b) ability to support people self-advocate and know their rights

c) ability to support people to develop hope and optimism

d) ability to support people to cope and use problem solving skills

e) ability to support people in deciding what they want out of life.

Resources for 2.3

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Copeland, Mary Ellen. *Living with Depression and Manic Depression: A Workbook for Maintaining Mood Stability.* New Harbinger Publications, Oakland California, no date.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis, Laurie. *Recovery Skills – Intensive workshop. Integrating recovery principles into everyday practice.* Center for Community Change, University of Vermont, USA, no date. curtis@wiredwizard.com

Darlington, Yvonne, et al. Strategies for encouraging and maintaining hope among people living with serious mental illness. In *Australian Social Work.* Volume 52, Number 3, 1999.

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Hatfield, A, et al. *Surviving mental illness: Stress, coping and adaptation.* New York, Guildford, 1993.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Leibrich, Julie. The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness*, Otago University Press, Dunedin, 1999.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour.* The Guilford Press, New York, 1991.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Spaniol, LeRoy, et al. *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *Leader's Guide: The Recovery Workbook.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective.* Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

2.4 They demonstrate the ability to support service users live the lifestyle and the culture of their choice

For example, they demonstrate:

a) ability to support people to find adequate housing, work and income

b) ability to support people to establish and/or maintain relationships, eg. family of origin, partners, lovers, children, friends, peer support networks, cultural networks

c) ability to support people fulfil their social responsibilities, eg. household management, parenting, work.

Resources for 2.4

Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

Copeland, Mary Ellen. *Living with Depression and Manic Depression: A Workbook for Maintaining Mood Stability.* New Harbinger Publications, Oakland California, no date.

Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Hatfield, A, et al. *Surviving mental illness: Stress, coping and adaptation.* New York, Guildford, 1993.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Leibrich, Julie. The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour.* The Guilford Press, New York, 1991.

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Spaniol, LeRoy, et al. *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *Leader's Guide: The Recovery Workbook.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective.* Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

See also full reference list – page 74.

3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery

3.1 They demonstrate knowledge of the major ways of understanding mental illness

For example, they demonstrate:

a) knowledge of different explanations – spiritual/moral, psychological, sociological, biological

b) understanding of the social model of disability

c) knowledge of different cultural responses, eg. Maori, European, Pacific Nations, Asian

d) knowledge of the different ways mental illness impacts on service users, families and communities

e) knowledge of Western historical responses, eg. pre-asylum, asylum, community care

f) knowledge of the rates of improvement of people with mental illness.

Resources for 3.1

Pilgrim, David, et al. *A Sociology of Mental Health and Illness*. Open University Press, 1999. publications@mind.org.uk

Barker, Phil, et al. *From the Ashes of Experience: Reflections on madness, survival and growth*. Whurr Publishers, 1999. publications@mind.org.uk

Barnard, David. Healing the Damaged Self: Identity, Intimacy and Meaning in the Lives of the Chronically Ill. In *Perspectives in Biology and Medicine*, Volume 33, Number 4, 1990.

Barnes, Mary. *Two Accounts of a Journey Through Madness*. Penguin, London, 1973.

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities*. Guilford Press, New York, 1995.

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. Hawthorn, New York, 1978.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment*. University of California Press, 1998.

Davidson, Larry, et al. Beyond the Bio-psychosocial Model: Integrating disorder, health and recovery. *Psychiatry*, Volume 58, pp. 44-55.

Davidson, Larry, et al. Sense of Self in Recovery from Severe Mental Illness. *British Journal of Medical Psychology*, Volume 65, 1992.

Durie, Mason. *Whaiora: Maori Health Development*. Oxford University Press, Auckland, 1994, 1998.

Durie, Mason. *Te Pae Mahutonga: A model for Maori health promotion.* Te Putahi a Toi, School of Maori Studies, Massey University, no date. TePutahi-a-Toi@massey.ac.nz

Fahy, Marguerite and Lysaght, Veronica. *The Sun Will Shine Again: Stories of survival and optimism in the face of mental illness.* Schizophrenia Fellowship, Wellington, 1999. sfwell@xtra.co.nz

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Frame, Janet. *Faces in the Water.* Women's Press, London, 1980.

Frame, Janet. *An Autobiography. Volume One: To the Is-Land, 1995; Volume Two: An Angel at my Table, 1994; Volume Three: Envoy from Mirror City, 1994.* Vintage, Dunedin.

Grobe, Jeanine (ed). *Beyond Bedlam: Contemporary women psychiatric survivors speak out.* Third Side Press, Chicago, 1995.

Harding, Courtenay M, et al. Chronicity in Schizophrenia: Revisited. *British Journal of Psychiatry*, 161: 27-37, 1992.

King, Michael. *Wrestling With the Angel: a Life of Janet Frame.* Penguin, Auckland, 2000.

Kutchins, Herb, et al. *Making Us Crazy: DSM – The psychiatric bible and the creation of mental disorders.*

Laws, Sophie. *Hear Me: Consulting with young people on mental health services.* The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Leibrich, Julie . The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Malo, Vito. *Pacific People in New Zealand talk about their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Miller, Judith S. Personal Consciousness Integration: The next phase of recovery. In *Psychiatric Rehabilitation Journal*, Volume 23, pp. 342-352, 2000.

Millet, Kate. *The Loony Bin Trip.* Simon and Schuster, New York, 1990.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Newnen, Craig, et al. *This is Madness.* PCCS Books, 1999. publications@mind.org.uk

O'Hagan, Mary. *Stopovers on my Way Home from Mars: a journey into the psychiatric survivor movement in the USA, Britain and the Netherlands.* Survivors Speak Out, London, 1994. mohagen@ihug.co.nz

Oliver, Michael. *The Politics of Disablement.* MacMillan, London, 1991.

Parker, Ian, et al. *Deconstructing Psychopathology.* Sage, London, 1995.

Pinches, Allan. *Spirituality: A missing link in psychiatry.* No date. www.alphalink.com.au/~alpin

Porter, Roy. *A Social History of Madness: Stories of the Insane*. Phoenix Giants, London, 1996.

Read, Jim, et al. *Speaking Our Minds: An Anthology*. MacMillan, England, 1996. publications@mind.org.uk

Read, J and Law, A. *The relationship of causal beliefs and contact with users of mental health services to attitudes to the 'mentally ill'*. International Journal of social Psychiatry, 45, 216-229. j.read@auckland.ac.nz

Read, John, et al. *The Value of a Psychosocial Perspective and Contact with Users of Mental Health Services in Destigmatisation Programmes*. Soon to be published. j.read@auckland.ac.nz

Rogers, Anne, et al . *Experiencing Psychiatry: Users' Views of Services*. MacMillan, England, 1993. Out of print. Try libraries.

Russell, Denise. *Women, Madness and Medicine*. Polity Press, Cambridge, 1995.

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract*. Common Courage Press, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion*. MacMillan, London, 2000. publications@mind.org.uk

Seedhouse, David. *Health: The Foundations of Achievement*. John Wiley, Chichester, 1986.

Shorter, Edward. *A History of Psychiatry: From the era of the asylum to the age of Prozac*. John Wiley and Sons, 1997. publications@mind.org.uk

Spaniol, LeRoy, et al. *The Role of the Family in Psychiatric Rehabilitation: A Workbook*. Center for Psychiatric Rehabilitation, Boston, no date. edelston@bu.edu

Strauss John S, et al. The Course of Psychiatric Disorder III: Longitudinal Principles. *American Journal of Psychiatry*, Volume 142, Number 3, 1985.

Sullivan, William P. A Long and Winding Road: The Process of Recovery from Severe Mental Illness. *Innovations and Research*, Volume 3, Number 3, 1994.

Szasz, Thomas. *The Myth of Mental Illness*. Harper and Row, London, 1961.

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective*. Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

Tyrer, Peter. *Models for Mental Disorder: Conceptual models in psychiatry*. John Wiley, 1998. publications@mind.org.uk

Watkins, John. *Hearing Voices: A common human experience*. Hill of Content, Melbourne, 1998.

Weingarten, Richard. The Ongoing Process of Recovery. *Psychiatry*, Volume 57, November 1994.

Wilkinson, Richard. *Unhealthy Societies: The afflictions of inequality*. Routledge, 1997.

World Health Organisation. *Schizophrenia: An international follow-up study*. Wiley, New York, 1979. Not available from WHO. Can be ordered through amazon.com but they can't ensure supply.

Wurtzel, Elizabeth. *Prozac Nation: Young and Depressed in America*. Quartet, London, 1994.

3.2 They demonstrate knowledge of major types of treatments and therapies and their contributions to recovery

For example, they demonstrate:

a) knowledge of biological treatments

b) knowledge of psychotherapeutic approaches

c) knowledge of self-help approaches

d) knowledge of Maori traditional healing

e) knowledge of Pacific people's traditional healing

f) knowledge of alternative and complementary treatments, eg. homeopathy, acupuncture, herbal medicine, massage.

Resources for 3.2

Andrews, Gavin and Oakley Browne, Mark. *Management of Mental Disorders.* Volumes 1 and 2. New Zealand edition, World Health Organisation, 2000. pubs@moh.govt.nz

Breggin, Peter R. *Toxic Psychiatry.* St Martin's Press, New York, 1991.

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System.* Hawthorn, New York, 1978.

Duncan, Barry, et al. *Psychotherapy with 'Impossible' Cases.* WW Norton & Co, New York, 1997.

Durie, Mason. *Whaiora: Maori Health Development.* Oxford University Press, Auckland, 1994, 1998.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Lacey, Ron. *The Complete Guide to Psychiatric Drugs.* Vermillion, London, 1996. publications@mind.org.uk

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

Newnen, Craig, et al. *This is Madness* PCCS Books, 1999. publications@mind.org.uk

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Russell, Denise. *Women, Madness and Medicine.* Polity Press, Cambridge, 1995.

3.3 They demonstrate the ability to facilitate service users to make informed choices for recovery

For example, they demonstrate:

a) commitment to providing quality information on mental illness and treatments from various viewpoints

b) ability to articulate the pros and cons of different treatments to service users

c) ability to support service users to make the best use of treatments, minimise side-effects and withdraw from medication.

Resources for 3.3

Andrews, Gavin and Oakley Browne, Mark. *Management of Mental Disorders*. Volumes 1 and 2. New Zealand edition, World Health Organisation, 2000. pubs@moh.govt.nz

Breggin, Peter R. *Toxic Psychiatry*. St Martin's Press, New York, 1991.

Falloon, Ian and Fadden G. *Integrated Mental Health Care*. Johns Hopkins University Press, Baltimore, 1993.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer*. 2000. http://akmhcweb.org/recovery/rec.htm

Pilgrim, David, et al. *A Sociology of Mental Health and Illness*. Open University Press, 1999. publications@mind.org.uk

3.4 They demonstrate knowledge of innovative recovery-oriented service delivery approaches

For example, they demonstrate:

a) knowledge of kaupapa Maori services

b) knowledge of service user run services

c) knowledge of a range of crisis and respite options

d) knowledge of range of education and employment supports and services

e) knowledge of a range of housing options and supports

f) knowledge of community development and community inclusion approaches.

Resources for 3.4

Breggin, Peter R. *Toxic Psychiatry*. St Martin's Press, New York, 1991.

Bullock, Wesley, et al. Leadership Education: Evaluation of a program to Promote Recovery in Persons with Psychiatric Disabilities. In *Psychiatric Rehabilitation Journal*, Volume 24, Number 1, pp. 3-12, 2000.

Chamberlin, Judi, et al. Self-Help Programs: A description of their characteristics and members. *Psychiatric Rehabilitation Journal*, Volume 19, pp. 33-42.

Curtis, Laurie. *New Directions: International Overview of Best Practices in Recovery and Rehabilitation Services for People with Serious Mental Illness.* Center for Community Change, University of Vermont, USA, 1997. curtis@wiredwizard.com

Curtis, LC. Practice Guidance for Recovery-Oriented Behavioral Healthcare for Adults with Serious Mental Illnesses. Personal Outcome Measures in Consumer-Directed Behavioral Health. In Towson, MD. *The Council on Quality and Leadership for Persons with Disabilities*, 2000, pp. 25-42. curtis@wiredwizard.com

Davidson, Larry, et al. Peer support among individuals with Severe Mental Illness: A review of the evidence. *Clinical Psychology Science and Practice*, Volume 6, pp. 165-187.

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer.* 2000. http://akmhcweb.org/recovery/rec.htm

See also full reference list – page 74.

4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users

4.1 They demonstrate self-awareness of their life experience and culture

For example, they demonstrate:

a) understanding of own culture, values and life experience in the New Zealand context

b) understanding of the impact of their culture, values and life experience on relationships with service users

c) ability to use aspects of their own life experience to empathise with service users.

Resources for 4.1

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Schon, Donald. *The Reflective Practitioner: How professionals think in action.* New York, Basic Books, 1983.

4.2 They demonstrate communication styles that show respect for service users and their families/whanau

For example, they demonstrate:

a) understanding of different cultural communication styles

b) listening skills and ability to take people's experiences seriously

c) ability to communicate respect and positive reinforcement to the service user

d) ability to use communication styles that motivate and support people to change

e) understanding of power dynamics

f) ability and willingness to share information with service users

g) use of non-technical, understandable written and oral language

h) knowledge of how to use interpreters for non-English speaking people

i) conflict resolution skills.

Resources for 4.2

Bolton, Robert. *People Skills*. Simon & Schuster, 1987.

Deegan, Patricia. *Recovery, Rehabilitation and the Conspiracy of Hope*, National Empowerment Center, USA, 1992. www.power2u.org

Deegan, Patricia. Recovery as a Journey of the Heart. *Psychosocial Rehabilitation Journal*, Volume 19, Number 3, 1996.

Deegan, Patricia. Spirit Breaking: When the Helping Professions Hurt. *The Humanistic Psychologist*, Volume 18, Number 3, 1990.

Deegan, Patricia. *How Recovery Begins*. National Empowerment Center, USA, 1990. www.power2u.org

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour*. The Guilford Press, New York, 1991.

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness*. Oxford University Press, New York, 1998.

4.3 They manage relationships so they will facilitate recovery

For example, they demonstrate:

a) ability to build trust with service users

b) ability to work in partnership and reciprocity with service users

c) ability to focus on strengths and to encourage purpose

d) ability to adapt levels of support to people's different and changing needs

e) ability to let service users think for themselves and make free decisions

f) ability to build respect and trust with families and whanau.

Resources for 4.3

Chamberlin, Judi. *A Working Definition of Empowerment*. National Empowerment Center, no date. www.power2u.org

Deegan, Patricia. *Recovery, Rehabilitation and the Conspiracy of Hope*, National Empowerment Center, USA, 1992. www.power2u.org

Deegan, Patricia. Recovery as a Journey of the Heart. *Psychosocial Rehabilitation Journal*, Volume 19, Number 3, 1996.

Deegan, Patricia. Spirit Breaking: When the Helping Professions Hurt. *The Humanistic Psychologist*, Volume 18, Number 3, 1990.

Deegan, Patricia. *How Recovery Begins*. National Empowerment Center, USA, 1990. www.power2u.org

Falloon, Ian and Fadden G. *Integrated Mental Health Care*. Johns Hopkins University Press, Baltimore, 1993.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour.* The Guilford Press, New York, 1991.

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

5 A competent mental health worker understands and actively protects service users' rights

5.1 They demonstrate knowledge of human rights principles and issues

For example, they demonstrate:

a) understanding of the principles of autonomy, self-determination, and privacy

b) understanding of the right to treatment, right to refuse treatment, and informed consent

c) understanding of the importance of minimising involuntary practices, eg. seclusion, restraint and forced treatment

d) understanding of the tensions between political, bureaucratic, professional and legal processes and service users' rights

e) understanding of the tensions between the rights of service users and the rights of families and communities.

Resources for 5.1

Bell, Sylvia, et al. *Mental Health Law in New Zealand*. Brookers, Wellington, 1998.

Bogard, Mel. *The Legal Rights of People with Intellectual Disabilities*. Legal Resources Trust, 1995. brentwilliams@xtra.co.nz

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. Hawthorn, New York, 1978.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services*. Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Lauren, Paul G. *The Evolution of International Human Rights: Visions seen*. University of Pennsylvania Press, 1998.

Lucksted, A, et al. Consumer Perceptions of Pressure and Force in Psychiatric Treatments. *Psychiatric Services*, Volume 46, pp. 146-153.

Ministry of Foreign Affairs and Trade. *New Zealand Handbook on International Human Rights*. Ministry of Foreign Affairs and Trade, Wellington, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion*. MacMillan, London, 2000. publications@mind.org.uk

Zipple, A, et al. Client Confidentiality and the Family's Need to Know: Strategies for resolving the conflict. In Marsh DT, et al, *Ethical and Legal Issues in Professional Practice with Families*. New York, Wiley, 1997.

5.2 They demonstrate knowledge of service users' rights within mental health services and elsewhere

For example, they demonstrate:

a) knowledge of compulsory assessment and treatment law, eg. Mental Health Act, 1992, Alcohol and Drug Addiction Act 1966

b) knowledge of discrimination law, eg. Human Rights Act 1993, NZ Bill of Rights Act 1990

c) knowledge of health consumers' rights, eg. Health and Disability Commissioner's Code of Rights, Privacy Code

d) knowledge of guardianship law, eg. Protection of Personal & Property Rights Act 1988

e) familiarity with international rights instruments, eg. Universal Declaration of Human Rights, UN Standard Rules for the Equalisation of Persons with Disabilities

f) knowledge of service user powers to determine what happens in a future crisis, eg. advance directives,[2] psychiatric wills.

Resources for 5.2

Bell, Sylvia, et al. *Mental Health Law in New Zealand.* Brookers, Wellington, 1998.

Bogard, Mel. *The Legal Rights of People with Intellectual Disabilities.* Legal Resources Trust, 1995.

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System.* Hawthorn, New York, 1978.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Health and Disability Commissioner. *Code of Health and Disability Consumers' Rights.* Leaflet. No date. www.hdc.org.nz

Human Rights Commission. *The Human Rights Act: Protection against Discrimination for People with disabilities.* Factsheet 10. No date. www.hrc.co.nz

Lauren, Paul G. *The Evolution of International Human Rights: Visions seen.* University of Pennsylvania Press, 1998.

Mental Health Commission. *Protecting Your Health Information: A guide to privacy issues for users of mental health services.* 1999. info@mhc.govt.nz

Ministry of Health. *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act, 1992.* 1997. pubs@moh.govt.nz

Ministry of Health. *Your Rights under the Mental Health Act 1992.* Information sheet. No date. pubs@moh.govt.nz

Privacy Commissioner. *Mental Health Professionals and Patient Information: Guidance Notes for Agencies in the Mental Health Sector.* 1997. info@mhc.govt.nz

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

[2] "Advance directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself.

5.3 The demonstrate the ability to promote and fulfil service users' rights

For example, they demonstrate:

a) ability to educate service users about their rights

b) knowledge of the use of protocols, etc, that support service users' rights

c) knowledge of the use of complaints procedures and HDC advocates

d) ability to advocate on behalf of service users in other services and the wider community.

Resources for 5.3

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

See also full reference list – page 74.

6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it

6.1 They demonstrate knowledge of discrimination and social exclusion issues

For example, they demonstrate:

a) familiarity with the concepts of stigma, discrimination and social exclusion as they affect people with mental illness

b) awareness of stories and research on discrimination against people with mental illness

c) understanding of internalised stigma and its impact on service users.

Resources for 6.1

Allen, Ruth, et al. Media Depictions of Mental Illness: an analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry*, 31: 375-381, 1997.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment.* University of California Press, 1998.

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems.* Mind, London, 1999. publications@mind.org.uk

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

Mental Health Commission . *Discrimination Against people with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Miller, Clive, et al. *Managing for Social Inclusion.* Office for Public Management, London, 1999. office@opm.co.uk

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Patten, Dean. *Public Attitudes to Mental Illness.* Department of Health, Wellington, 1992. pubs@moh.govt.nz

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Read, Jim, et al. *Not Just Sticks and Stones: A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems.* Mind, London, 1996. publications@mind.org.uk Out of print. Photocopy available.

Read, J and Law, A. The relationship of causal beliefs and contact with users of mental health services to attitudes to the 'mentally ill'. *International Journal of Social Psychiatry*, 45, 216-229. j.read@auckland.ac.nz

Read, John, et al. *The Value of a Psychosocial Perspective and Contact with Users of Mental Health Services in Destigmatisation Programmes.* Soon to be published. j.read@auckland.ac.nz

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

Sue Barker, et al. *The Daily Stigma.* (Survey on service user responses to negative media coverage on mental health issues.) Mind, London, 2000. publications@mind.org.uk

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

Wilkinson, Richard. *Unhealthy Societies: The afflictions of inequality.* Routledge, 1997.

6.2 They demonstrate an understanding of discrimination and exclusion by the wider community

For example, they demonstrate:

a) understanding of discrimination in employment

b) understanding of discrimination in education

c) understanding of discrimination in housing

d) understanding of discrimination in access to social networks

e) understanding of discrimination in the provision of goods and services

f) ability to articulate the role of the media in perpetrating discrimination.

Resources for 6.2

Allen, Ruth, et al. Media Depictions of Mental Illness: an analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry,* 31: 375-381, 1997.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment.* University of California Press, 1998.

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems.* Mind, London, 1999. publications@mind.org.uk

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

Mental Health Commission . *Discrimination Against People with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Mental Health Commission. *The Discrimination Times.* Mental Health Commission, Wellington, 2000.

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Patten, Dean. *Public Attitudes to Mental Illness.* Department of Health, Wellington, 1992. pubs@moh.govt.nz

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Read, Jim, et al. *Not Just Sticks and Stones: A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems.* Mind, London, 1996. publications@mind.org.uk Out of print. Photocopy available.

Repper J, et al. *Tall Stories from the Back Yard: A survey of 'nimby' opposition to community mental health facilities.* Mind, London, 1997. publications@mind.org.uk

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Sayce Liz, et al. *Outsiders Coming In? Achieving social inclusion for people with mental health problems.* Mind, London, 1999. publications@mind.org.uk

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

Stephens, Marilyn, et al. *Countering Stigma and Discrimination: Organisational policy guidelines for the public sector.* Mental Health Foundation of New Zealand, 2000. information@mentalhealth.org.nz

Sue Barker, et al. *The Daily Stigma.* (Survey on service user responses to negative media coverage on mental health issues.) Mind, London, 2000. publications@mind.org.uk

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

Wilkinson, Richard. *Unhealthy Societies: The afflictions of inequality.* Routledge, 1997.

6.3 They demonstrate an understanding of discrimination by the health workforce

For example, they demonstrate:

a) understanding of discrimination in legislation, public policy and funding, eg. institutionally-based services, historic under-funding of mental health service

b) understanding of discrimination in the management of services, eg. weak consumer participation, lack of complaints procedures

c) understanding of one to one discrimination, eg. derogatory or incomprehensible language, controlling behaviour, paternalistic attitudes, low expectations, neglect, abuse

d) understanding of discrimination against service users working in mental health services, eg. low expectations, low rates of pay, lack of safety to 'come out' about mental illness

e) understanding of discrimination against the mental health workforce by other health/social services workforces.

Resources for 6.3

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems.* Mind, London, 1999. publications@mind.org.uk

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Frank Small and Associates . *Attitudes of Health Professionals Project: A Best Practice and Literature Review.* Commonwealth Department of Health and Social Services, Canberra, 1998. fsasyd@ozemail.com.au

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

Golding, Jackie. *WithOut Prejudice: MIND Lesbian, Gay and Bisexual Mental Health Awareness Research.* Mind, London, 1997. publications@mind.org.uk

Malo, Vito. *Pacific People in New Zealand talk about their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

Mental Health Commission. *Discrimination Against People with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Mental Health Commission. *Three Forensic Service Users and Their Families Talk About Recovery.* 2000. info@mhc.govt.nz

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Newnen, Craig, et al. *This is Madness.* PCCS Books, 1999. publications@mind.org.uk

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Read, Jim, et al. *Not Just Sticks and Stones: A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems.* Mind, London, 1996. publications@mind.org.uk. Out of print. Photocopy available.

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

6.4 They demonstrate an understanding or other kinds of discrimination and how they interact with discrimination on the grounds of mental illness

For example, they demonstrate:

a) understanding of discrimination on the grounds of ethnicity, gender, sexual orientation, religious beliefs, and other disabilities as a contributor to mental illness

b) understanding of the impact of multiple discrimination on service users – on the grounds of ethnicity, gender, sexual orientation, religious beliefs or other disabilities – as well as mental illness.

Resources for 6.4

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems.* Mind, London, 1999. publications@mind.org.uk

Fenton, Liz and Te Kotua, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

Golding, Jackie. *WithOut Prejudice: MIND Lesbian, Gay and Bisexual Mental Health Awareness Research.* Mind, London, 1997. publications@mind.org.uk

Malo, Vito. *Pacific People in New Zealand talk about their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

Mental Health Commission . *Discrimination Against people with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

Wilkinson, Richard. *Unhealthy Societies: The afflictions of inequality.* Routledge, 1997.

6.5 They demonstrate familiarity with different approaches to reducing discrimination

For example, they demonstrate:

a) knowledge of legislation, eg. anti-discrimination law

b) knowledge of public policy to reduce discrimination

c) knowledge of mass media campaigns to reduce discrimination

d) knowledge of community development approaches for the wider community

e) knowledge of service development and educational approaches for the health workforce

f) knowledge of current projects to counter discrimination

g) ability to educate other service sectors and the wider community on discrimination issues.

Resources for 6.5

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems.* Mind, London, 1999. publications@mind.org.uk

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

Health Funding Authority. *National Plan: The Movement Against Stigma and Discrimination Associated with Mental Illness.* 1999. *bill.y@HUIA.co.nz*

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

Mental Health Commission. *Discrimination Against people with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Miller, Clive, et al. *Managing for Social Inclusion.* Office for Public Management, London, 1999. office@opm.co.uk

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability.* The Women's Press, London, 1991.

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Sayce Liz, et al. *Outsiders Coming In? Achieving social inclusion for people with mental health problems.* Mind, London, 1999. publications@mind.org.uk

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

See also full reference list – page 74.

7 A competent mental health worker acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them

7.1 They demonstrate an awareness of cultural diversity

For example, they demonstrate:

a) knowledge of the cultural make up of Aotearoa/New Zealand

b) understanding of the dominance of European-derived cultures in New Zealand

c) understanding of the experience of dispossession or minority cultural status

d) understanding of new immigrant and refugee adjustment issues

e) knowledge of non-ethnic 'cultures', eg. deaf culture, gay/lesbian culture.

Resources for 7.1

Golding, Jackie. *WithOut Prejudice: MIND Lesbian, Gay and Bisexual Mental Health Awareness Research*. Mind, London, 1997. publications@mind.org.uk

King, Michael. *Being Pakeha Now*. Penguin, Auckland, 1999.

7.2 They demonstrate knowledge of Maori protocols and models of care

For example, they demonstrate:

a) ability to articulate Maori cultural traditions and follow protocols in the work context

b) ability to articulate Maori views on health, eg. Whare Tapa Wha

c) knowledge of Maori treatments, eg. rongoa Maori

d) correct pronunciation and usage of te reo

e) knowledge of kaupapa Maori services and ability to work with them

f) ability to involve whanau, hapu and iwi in mainstream services

g) ability to involve Maori service users in mainstream and kaupapa Maori services.

Resources for 7.2

Durie, Mason. *Whaiora: Maori Health Development*. Oxford University Press, Auckland, 1994, 1998.

Durie, Mason. *Te Pae Mahutonga: A model for Maori health promotion*. Te Putahi a Toi, School of Maori Studies, Massey University, no date. TePutahi-a-Toi@massey.ac.nz

Durie, Mason, et al. *A Framework for Measuring Maori Mental Health Outcomes*. Department of Maori Studies, Massey University, 1997. TePutahi-a-Toi@massey.ac.nz

Durie, Mason, et al. *Hua Oranga: A Maori Measure of Mental Health Outcome.* Department of Maori Studies, Massey University, 2000. TePutahi-a-Toi@massey.ac.nz

Dyall, Lorna, et al. *Maori Expectations of Mental Health Services – A Rotorua Viewpoint.* 1998.

Hirini, P. Counselling Maori Clients: He Whakawhitiwhiti nga Whakaaro I te Tangata Whaiora Maori. *New Zealand Journal of Psychiatry*, Volume 27, Number 2, 1997.

Lapsley, Hilary, et al. Women's Narratives of Recovery from Disabling Mental Health Problems: A bicultural project from Aotearoa/New Zealand. In Ussher, Jane (ed) *Women's Health: Contemporary International Perspectives.* British Psychological Society, London, 2000.

Mental Health Commission. *Report of Key Messages to the Mental Health Commission from the Hui held February–April 1998.* Mental Health Commission, Wellington, 1998. info@mhc.govt.nz

Ministry of Health. *Guidelines for Traditional Maori Healing.* 1999. pubs@moh.govt.nz

Ritchie, James. *Becoming Bicultural.* Huia Publishers, Wellington, 1992.

Te Puni Kokiri. *Nga Ia o te Oranga Hinengaro Maori: Trends in Maori Mental Health. Wellington, Ministry of Maori Development*, 1994. www.tpk.govt.nz

Yensen, Helen, et al. *Honouring the Treaty: An Introduction for Pakeha to the Treaty of Waitangi.* Penguin, Auckland, 1989.

7.3 They demonstrate knowledge of European-derived cultures

For example, they demonstrate:

a) knowledge of diversity within European cultures

b) knowledge of European cultural traditions, eg. colonisation, individualism, human rights

c) understanding of European privilege in the New Zealand context

d) understanding of Western explanations and attitudes to mental illness.

Resources for 7.3

King, Michael. *Being Pakeha Now.* Penguin, Auckland, 1999.

7.4 They demonstrate knowledge of Pacific Islands cultures

For example, they demonstrate:

a) knowledge of diversity within the different Pacific cultures

b) knowledge of Pacific people's culture, eg. role of family, religious traditions, respect for authority

c) ability to articulate Pacific people's traditional views on health

d) knowledge of traditional Pacific people's treatments

e) knowledge of Pacific people's services and the ability to work with them

f) ability to involve Pacific people's families, communities and service users in services.

Resources for 7.4

Tamasese K, et al. *Ole Taeao Afua. The New Morning. A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services.* The Family Centre, Wellington. 1997. fam@netlink.co.nz

Malo, Vito. *Pacific People in New Zealand Talk About their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

7.5 They demonstrate knowledge of Asian cultures

For example, they demonstrate:

a) knowledge of diversity within Asian cultures

b) knowledge of Asian culture, eg. importance of family, religious traditions, duty, respect for authority, honour, shame and harmony

c) ability to articulate Asian views on health

d) knowledge of traditional Asian treatments, eg. acupuncture

e) ability to involve Asian families, communities and service users in services.

Resources for 7.5

Bond, Michael. *The Psychology of the Chinese People.* Oxford University Press, 1988.

Hsu, Francis. *Americans and Chinese: Passages to Difference.* University of Hawaii Press, 1981.

Hu, Wen-Chang, et al. *Encountering the Chinese: A Guide for Americans.* (No publication details.)

Lee, Evelyn. *Working with Asian Americans: A Guide for Clinicians.* Guilford Press, 1997.

Shaikh, Ziabby, et al. *Between Two Cultures. Effective counselling for Asian people with mental health and addiction problems.* CVS, 2000. publications@mind.org.uk

Uba, Laura. *Asian Americans: Personality Patterns, Identity and Mental Health.* Guilford Press, 1999.

Yee, Lidia, et al. *Chinese Mental Health Issues in Britain.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

See also full reference list – page 74.

8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them

8.1 They demonstrate ability to facilitate access to and good use of mental health services

For example, they demonstrate:

a) knowledge of mental health sector policy and standards

b) knowledge of the roles of the different types of services and occupational groups and ability to work with them

c) knowledge of local mental health services, eg. roles, eligibility and referrals

d) knowledge of local and national mental health advocacy organisations, eg. service user, family, provider, rights, Maori, Pacific nations

e) ability to develop links with other local mental health services and mental health organisations

f) ability to assist the service user get the most out of services, eg. when to access them, choosing service options, information to give and questions to ask, building effective relationships with professionals, making complaints, when to leave them.

Resources for 8.1

Andrews, Gavin and Oakley Browne, Mark. *Management of Mental Disorders.* Volumes 1 and 2. New Zealand edition, World Health Organisation, 2000. pubs@moh.govt.nz

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Kretzmann JB, et al. *Building Communities from the Inside Out.* Northwestern University, Evanston, Illinois, 1993.

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

8.2 They demonstrate ability to facilitate access and good use of other government sectors

For example, they demonstrate:

a) knowledge of current policies and practices which impact on people with mental illness

b) familiarity with primary health services

c) familiarity with education sector

d) familiarity with income and employment

e) familiarity with housing

f) familiarity with police and justice

g) ability to develop links with government and local government sectors for the benefit of service users

h) ability to assist service users get the best use of these services

i) ability to advocate with other service providers for access to services.

Resources for 8.2

Falloon, Ian and Fadden G. *Integrated Mental Health Care*. Johns Hopkins University Press, Baltimore, 1993.

Kretzmann JB, et al. *Building Communities from the Inside Out*. Northwestern University, Evanston, Illinois, 1993.

McKnight, John. *The Careless Society: Community and its Counterfeits*. Basic Books, 1996.

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships*. No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness*. Oxford University Press, New York, 1998.

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives*. The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

8.3 They demonstrate ability to facilitate access to and good use of community resources and services

For example, they demonstrate:

a) knowledge of community development principles and practice

b) knowledge of local community resources and supports and where to get information about them, eg. voluntary welfare agencies, iwi, churches, employment agencies, private or subsidised counselling and psychotherapy, childcare, clubs, law centres and other legal services, internet, Citizen's Advice, community education

c) ability to develop links with local community resources and services for the benefit of service users

d) ability to assist service users get the most out of community supports and resources.

Resources for 8.3

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Kretzmann JB, et al. *Building Communities from the Inside Out.* Northwestern University, Evanston Illinois, 1993.

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Miller, Clive, et al. *Managing for Social Inclusion.* Office for Public Management, London, 1999. office@opm.co.uk

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

See also full reference list – page 74.

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services

9.1 They demonstrate knowledge of the principles and activities of the service user movement

For example, they demonstrate:

a) understanding of the principles of self-determination, human rights and social inclusion

b) understanding of the similarities with other social movements, eg. women's movement, civil rights, indigenous movements

c) understanding of the meaning and scope of advocacy, eg. individual, systems, political

d) understanding of the meaning and scope of service user run self-help, eg. support networks, peer counselling, service user run businesses.

Resources for 9.1

Barnes, Marian, et al. *Unequal partners: User groups and community care*. Policy Press, 1999. publications@mind.org.uk

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities*. Guilford Press, New York, 1995.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Chamberlin, Judi. *A Working Definition of Empowerment*. National Empowerment Center, no date. www.power2u.org

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*. Hawthorn, New York, 1978.

Chamberlin, Judi, et al. Self-Help Programs: A description of their characteristics and members. *Psychiatric Rehabilitation Journal*, Volume 19, pp. 33-42.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment*. University of California Press, 1998.

Davidson, Larry, et al. Peer Support Among Individuals with Severe Mental Illness: A review of the evidence. *Clinical Psychology Science and Practice*, Volume 6, pp. 165-187.

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services*. Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Meagher, Janet. *Partnership or Pretence*. Psychiatric Rehabilitation Association, Australia, 1995. 3rd edition due early 2001. admin@pra.org.au

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services*. 1998. info@mhc.govt.nz

O'Hagan, Mary. *Stopovers on my Way Home from Mars: a journey into the psychiatric survivor movement in the USA, Britain and the Netherlands.* Survivors Speak Out, London, 1994. mohagan@ihug.co.nz

O'Hagan, Mary. The International User Movement. *Community Mental Health Care: International Perspectives on Making it Happen*, Gaskell, London, 1993.

Oliver, Michael. *The Politics of Disablement.* MacMillan, London, 1991.

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

9.2 They demonstrate knowledge of the range of service user participation and principles and policy behind it

For example, they demonstrate:

a) knowledge of government policy on service user participation

b) understanding of the levels of participation, eg. one-to-one, management, funding, policy

c) understanding of the phases of participation, eg. planning, delivery, evaluation, improvements

d) understanding of different service user roles in participation – as service recipients, in advisory roles or as service providers.

Resources for 9.2

Barnes, Marian, et al. *Unequal partners: User groups and community care.* Policy Press, 1999. publications@mind.org.uk

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System.* Hawthorn, New York, 1978.

Curtis, LC. *Modeling Recovery: Consumers as Service Providers in Behavioral Healthcare. National Council News.* Rockville, MD: National Council for Community Behavioral Healthcare, 1999. curtis@wiredwizard.com

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Meagher, Janet. *Partnership or Pretence.* Psychiatric Rehabilitation Association, Australia, 1995. 3rd edition due early 2001. admin@pra.org.au

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Ministry of Health. *A Guide to Effective Consumer Participation in Mental Health Services.* 1995. pubs@moh.govt.nz

Noseworthy, Susan. Consumer Representation in Health Services Delivery: Involvement of consumers and families/carers in the design and planning of mental health services in New Zealand. *Healthcare Review Online*, Volume 3, Number 5, 1999. www.enigma.co.nz/hcro_articles/9905/vol3no5_002.htm

O'Hagan, Mary. *Stopovers on my Way Home from Mars: A journey into the psychiatric survivor movement in the USA, Britain and the Netherlands.* Survivors Speak Out, London, 1994. mohegan@ihug.co.nz

O'Hagan, Mary. The International User Movement. *Community Mental Health Care: International Perspectives on Making it Happen.* Gaskell, London, 1993.

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

9.3 They demonstrate understanding of the different methods of service user participation

For example, they demonstrate:

a) ability to work in partnership with individuals to support recovery, eg. collaborative approaches to goal setting, treatment, crisis planning, recording notes and the provision of information

b) ability to seek a representative view of what service users think, eg. surveys, focus groups, consultation, representatives on committees and boards

c) ability to use 'experts' with experience of mental illness, eg. employing or contracting people to do work, appointing advisors or board members.

d) ability to support service user-run independent initiatives while they are being established, eg. 'umbrella-ing', joint ventures, technical assistance, financial assistance, and supervision.

Resources for 9.3

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Curtis, LC. *Modeling Recovery: Consumers as Service Providers in Behavioral Healthcare. National Council News.* Rockville, MD: National Council for Community Behavioral Healthcare, 1999. curtis@wiredwizard.com

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal,* Volume 34, Number 6, 1998.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Laws, Sophie. *Hear Me: Consulting with young people on mental health services.* The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Meagher, Janet. *Partnership or Pretence.* Psychiatric Rehabilitation Association, Australia, 1995. 3rd edition due early 2001. admin@pra.org.au

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Ministry of Health. *A Guide to Effective Consumer Participation in Mental Health Services.* 1995. pubs@moh.govt.nz

Noseworthy, Susan. Consumer Representation in Health Services Delivery: Involvement of consumers and families/carers in the design and planning of mental health services in New Zealand. *Healthcare Review Online*, Volume 3, Number 5, 1999. www.enigma.co.nz/hcro_articles/9905/vol3no5_002.htm

O'Hagan, Mary. *Stopovers on my Way Home from Mars: a journey into the psychiatric survivor movement in the USA, Britain and the Netherlands.* Survivors Speak Out, London, 1994. mohagan@ihug.co.nz

9.4 They demonstrate the ability to apply knowledge of service user participation to different groups and settings

For example, they demonstrate:

a) understanding of participation issues for different age groups

b) understanding of participation issues for different cultures, eg. Maori, Pacific Nations, Pakeha

c) understanding of participation issues for different types of services, eg. forensic service users, service users under compulsory treatment orders

d) understanding of participation issues for present and past service users, and of role strain in service users.

Resources for 9.4

Aggleton, Peter, et al. *Young People and Mental Health.* Wiley, 2000. publications@mind.org.uk

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Durie, Mason, et al. *A Framework for Measuring Maori Mental Health Outcomes.* Department of Maori Studies, Massey University, 1997. TePutahi-a-Toi@massey.ac.nz

Durie, Mason, et al. *Hua Oranga: A Maori Measure of Mental Health Outcome.* Department of Maori Studies, Massey University, 2000. TePutahi-a-Toi@massey.ac.nz

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Lampshire, Debra, et al. Recovery principles for the Older Adult: Dispelling the Myths and Defining the Potential. Unpublished paper, Auckland Healthcare, 2000. debral@ahsl.co.nz

Laws, Sophie. *Hear Me: Consulting with young people on mental health services.* The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

74

Wells, Debra. *The Experience of Role Strain from the Perspective of Consumer Employees in Mental Health Settings.* deb.wells@xtra.co.nz

See also full reference list – page 74.

10 A competent mental health worker has knowledge of family/ whanau perspectives and is able to support their participation in services

10.1 They demonstrate knowledge of the range of family participation and the principles and policy behind it

For example, they demonstrate:

a) knowledge of government policy on family participation

b) knowledge of the different levels of participation, eg. one-to-one, management, funding, policy

c) knowledge of the different phases of participation, eg. planning, delivery, evaluation

d) understanding of the importance of family participation in Maori, Asian and Pacific People's cultures

e) understanding of the importance of service user consent to family involvement.

Resources for 10.1

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities*. Guilford Press, New York, 1995

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Falloon, Ian and Fadden G. *Integrated Mental Health Care*. Johns Hopkins University Press, Baltimore, 1993.

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services*. 1998. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences*. 2000. info@mhc.govt.nz

Ministry of Health. *Guidelines for Involving Families/Whanau of Mental Health Consumers/ Tangata Whai Ora in Care, Assessment, and Treatment Processes*. 2000 pubs@moh.govt.nz

Noseworthy, Susan. Consumer Representation in Health Services Delivery: Involvement of consumers and families/carers in the design and planning of mental health services in New Zealand. *Healthcare Review Online*, Volume 3, Number 5, 1999. www.enigma.co.nz/hcro_articles/9905/vol3no5_002.htm

World Schizophrenia Fellowship. *Families as Partners in Care*. World Schizophrenia Fellowship, Toronto, 1998. info@world-schizophrenia.org

Zipple, A, et al. Client Confidentiality and the Family's Need to Know: Strategies for resolving the conflict. In Marsh DT, et al, *Ethical and Legal Issues in Professional Practice with Families*. New York, Wiley, 1997.

10.2 They demonstrate knowledge of the methods of family participation

For example, they demonstrate:

a) ability to work in partnership with families to support recovery of relative, eg. support with own responses, information on mental illness, education of family to use a recovery approach, family involvement in goal setting, treatment, crisis planning

b) ability to seeking a representative view of what families in a given service, network or population think, eg. surveys, focus groups, consultation, representatives on committees and boards selected by families

c) ability to use of experts among families, eg. employing or contracting people to do work, appointing advisors or board members.

Resources for 10.2

Andrews, Gavin and Oakley Browne, Mark. *Management of Mental Disorders.* Volumes 1 and 2. New Zealand edition, World Health Organisation, 2000. pubs@moh.govt.nz

Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995.

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal,* Volume 34, Number 6, 1998.

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences.* 2000. info@mhc.govt.nz

Ministry of Health. *Guidelines for Involving Families/Whanau of Mental Health Consumers/ Tangata Whai Ora in Care, Assessment, and Treatment Processes.* 2000. pubs@moh.govt.nz

Noseworthy, Susan. Consumer Representation in Health Services Delivery: Involvement of consumers and families/carers in the design and planning of mental health services in New Zealand. *Healthcare Review Online,* Volume 3, Number 5, 1999. www.enigma.co.nz/hcro_articles/9905/vol3no5_002.htm

Ouidette Gasque-Carter K, et al. The Educational Needs of Families of Mentally Ill Adults: The South Carolina experience. *Psychiatric Services,* Volume 50, Number 4, 1999.

Solomon, P.. Moving From Psychoeducation to Family Education for Families of Adults with Serious Mental Illness. *Psychiatric Services,* Volume 47, Number 12, 1996.

World Schizophrenia Fellowship. *Families as Partners in Care.* World Schizophrenia Fellowship, Toronto, 1998. info@world-schizophrenia.org

10.3 They demonstrate the ability to apply their knowledge of family participation to different groups and settings

For example, they demonstrate:

a) understanding of family involvement with child and adolescent service users

b) understanding of family involvement in Maori, Pacific Nations, Pakeha contexts

c) understanding of family involvement when service users are compulsorily treated or detained

d) knowing when families and service users interests differ and what to do about it.

Resources for 10.3

Aggleton, Peter, et al. *Young People and Mental Health.* Wiley, 2000. publications@mind.org.uk

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences.* 2000. info@mhc.govt.nz

Ministry of Health. *Guidelines for Involving Families/Whanau of Mental Health Consumers/ Tangata Whai Ora in Care, Assessment, and Treatment Processes.* 2000. pubs@moh.govt.nz

World Schizophrenia Fellowship. *Families as Partners in Care.* World Schizophrenia Fellowship, Toronto, 1998. info@world-schizophrenia.org

10.4 They demonstrate awareness of the experiences of families and their potential to support recovery

For example, they demonstrate:

a) understanding of the impact mental illness on family relationships

b) understanding of the stresses and needs of families

c) ability to facilitate families in their support role with their relative

d) ability to determine what personal information they can or can't give to families

e) knowledge of family support and advocacy groups and resources.

Resources for 10.4

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal*, Volume 34, Number 6, 1998.

Fahy, Marguerite and Lysaght, Veronica. *The Sun Will Shine Again: Stories of survival and optimism in the face of mental illness.* Schizophrenia Fellowship, Wellington, 1999. sfwell@xtra.co.nz

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences.* 2000. info@mhc.govt.nz

Mental Health Commission. *Three Forensic Service Users and Their Families Talk About Recovery.* 2000. info@mhc.govt.nz

Ministry of Health. *Guidelines for Involving Families/Whanau of Mental Health Consumers/ Tangata Whai Ora in Care, Assessment, and Treatment Processes.* 2000. pubs@moh.govt.nz

Spaniol, LeRoy, et al. *The Role of the Family in Psychiatric Rehabilitation: A Workbook.* Center for Psychiatric Rehabilitation, Boston, no date. edelston@bu.edu

World Schizophrenia Fellowship. *Families as Partners in Care.* World Schizophrenia Fellowship, Toronto, 1998. info@world-schizophrenia.org

See also full reference list – page 74.

References

Print

*Aggleton, Peter, et al. *Young People and Mental Health*. Wiley, 2000. publications@mind.org.uk

Alcoholics Anonymous. *Alcoholics Anonymous*. Available from general services office, PO Box 6458, Wellington.

Allen, Ruth, et al. Media Depictions of Mental Illness: An analysis of the use of dangerousness. *Australian and New Zealand Journal of Psychiatry*, 31: 375-381, 1997.

*Anthony, William A. Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s. *Psychosocial Rehabilitation Journal*, Volume 16, Number 4, 1993.

Applebaum, P S & Grisso, T. Assessing Patients' Capacities to Consent to Treatment. *New England Journal of Medicine*, 319(25), 1635-1638, 1988

Arnold, Lois. *Working with People who Self-Injure: A Training pack*. The Mental Health Foundation, London, no date. mhf@mentalhealth.org.uk

Barker, P. & Davidson, B. The Ethical landscape. In P. Barker & B. Davidson (Eds.), *Ethical Strife* (pp. 1-14). London: Arnold, 1998

Barker, Phil, et al. *From the Ashes of Experience: Reflections on madness, survival and growth*. Whurr Publishers, 1999. publications@mind.org.uk

Barnard, David. Healing the Damaged Self: Identity, Intimacy and Meaning in the Lives of the Chronically Ill. In *Perspectives in Biology and Medicine*, Volume 33, Number 4, 1990.

Barnes, Marian, et al. *Unequal partners: User groups and community care*. Policy Press, 1999. publications@mind.org.uk

Barnes, Mary. *Two Accounts of a Journey Through Madness*. Penguin, London, 1973.

Bell, Sylvia, et al. *Mental Health Law in New Zealand*. Brookers, Wellington, 1998.

Bishop, A H., & J. R. Scudder, J. *The Practical, Moral and Personal Sense of Nursing*. New York: State University of New York Press, 1990

Bogard, Mel. *The Legal Rights of People with Intellectual Disabilities*. Legal Resources Trust, Wellington, 1995. Waiting to hear from Brent.

Bolton, Robert. *People Skills*. Simon & Schuster, 1987.

Bond, Michael. *The Psychology of the Chinese People*. Oxford University Press, 1988.

Boud, David, et al. *Reflection: Turning experience into learning*. Kogan Page, London, 1985.

Breggin, Peter R. *Toxic Psychiatry*. St Martin's Press, New York, 1991.

80

Briscoe, J. (1999). *The Ethics Of Everyday Care In An Acute Psychiatric Admission Unit.* Unpublished Dissertation for MHSc, University of Auckland, Auckland, 1999

Bullock, Wesley, et al. Leadership Education: Evaluation of a program to Promote Recovery in Persons with Psychiatric Disabilities. In *Psychiatric Rehabilitation Journal*, Volume 24, Number 1, pp. 3-12, 2000.

Burdett, J. *Philosophy in the classroom.* Unpublished essay available from author, 1998. ijbb@xtra.co.nz

Campbell, A., Charlesworth, M., Gillett, G., & Jones, G. Theories of medical Ethics, *Medical Ethics* . Auckland: Oxford University Press, 1997

*Campbell, Jean, et al. *The Well-being Project: Mental health clients speak for themselves.* California Department of Mental Health, Sacramento, CA, 1989.

*Carling, Paul J. *Return to Community: Building Support Systems for People with Psychiatric Disabilities.* Guilford Press, New York, 1995.

Chamberlin, Judi, et al. Self-Help Programs: A description of their characteristics and members. *Psychiatric Rehabilitation Journal*, Volume 19, pp. 33-42.

Chamberlin, Judi. *A Working Definition of Empowerment.* National Empowerment Center, no date. www.power2u.org

Chamberlin, Judi. *On Our Own: Patient-Controlled Alternatives to the Mental Health System.* Hawthorn, New York, 1978.

Chamberlin, Judi. The Ex-Patients' Movement: Where We've Been and Where We're Going. *Journal of Mind and Behavior*, Volume 11, Numbers 3 and 4, 1990.

Charlton, James. *Nothing About Us Without Us: Disability oppression and empowerment.* University of California Press, 1998.

Chesler, Phyllis. *Women and Madness.* Four Walls Eight Windows, New York, 1972.

Copeland, Mary Ellen . *Living with Depression and Manic Depression: A Workbook for Maintaining Mood Stability.* New Harbinger Publications, Oakland California, no date.

Copeland, Mary Ellen. *Wellness Recovery Action Plan.* Peach Press, USA, 1997.

*Coursey, R., Curtis, LC, Mausch, D, et al. Competencies for Mental Health Workers. *Psychosocial Rehabilitation Journal*, 23: 4, 370-392. curtis@wiredwizard.com

Cranton, Patricia. *Working with Adult Learners.* Wall & Emerson, Toronto, 1992.

*Crowley, Kathleen. *The Power of Procovery in Healing Mental Illness.* Kennedy Carlisle Publishing, USA, no date. www.procovery.com

Curtis Laurie. *Recovery Skills – Intensive workshop. Integrating recovery principles into everyday practice.* Center for Community Change, University of Vermont, USA, no date. curtis@wiredwizard.com

Curtis, L. C., & Hodge, M. Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Services. *Introduction to Psychiatric Rehabilitation, Chapter 4: Training Psychiatric Rehabilitation Staff.* (pp. 339- 354), date unknown

*Curtis, Laurie. *New Directions: International Overview of Best Practices in Recovery and Rehabilitation Services for People with Serious Mental Illness.* Center for Community Change, University of Vermont, USA, 1997. curtis@wiredwizard.com

Curtis, LC. *Modeling Recovery: Consumers as Service Providers in Behavioral Healthcare. National Council News*. Rockville, MD: National Council for Community Behavioral Healthcare, 1999. . curtis@wiredwizard.com

Curtis, LC. Practice Guidance for Recovery-Oriented Behavioral Healthcare for Adults with Serious Mental Illnesses. Personal Outcome Measures in Consumer-Directed Behavioral Health. In Towson, MD. *The Council on Quality and Leadership for Persons with Disabilities*, 2000, pp. 25-42. curtis@wiredwizard.com

Darlington, Yvonne, et al. Strategies for encouraging and maintaining hope among people living with serious mental illness. In *Australian Social Work*. Volume 52, Number 3, 1999.

Davidson, Larry, et al. Beyond the Bio-psychosocial Model: Integrating disorder, health and recovery. *Psychiatry*, Volume 58, pp. 44-55.

Davidson, Larry, et al. Peer Support Among Individuals with Severe Mental Illness: A review of the evidence. *Clinical Psychology Science and Practice*, Volume 6, pp. 165-187.

Davidson, Larry, et al. Sense of Self in Recovery from Severe Mental Illness. *British Journal of Medical Psychology*, Volume 65, 1992.

Deegan, Patricia. *How Recovery Begins*. National Empowerment Center, USA, 1990. www.power2u.org

Deegan, Patricia. Recovering our Sense of Value After Being Labelled. *Journal of Psychiatric Nursing*, Volume 31, Number 4, pp. 7-11.

Deegan, Patricia. Recovery as a Journey of the Heart. *Psychosocial Rehabilitation Journal*, Volume 19, Number 3, 1996.

Deegan, Patricia. *Recovery, Rehabilitation and the Conspiracy of Hope*, National Empowerment Center, USA, 1992. www.power2u.org

Deegan, Patricia. Spirit Breaking: When the Helping Professions Hurt. *The Humanistic Psychologist*, Volume 18, Number 3, 1990.

Duncan, Barry, et al. *Psychotherapy with 'Impossible' Cases*. WW Norton & Co, New York, 1997.

Dunn, C. Ethical Issues in Mental Illness. Aldershot: Ashgate Publishing Ltd, 1998.

Dunn, Sara. *Creating Accepting Communities: Report of the Mind inquiry into social exclusion and mental health problems*. Mind, London, 1999. publications@mind.org.uk

Durie, Mason, et al. *A Framework for Measuring Maori Mental Health Outcomes*. Department of Maori Studies, Massey University, 1997. TePutahi-a-Toi@massey.ac.nz

Durie, Mason, et al. *Hua Oranga: A Maori Measure of Mental Health Outcome*. Department of Maori Studies, Massey University, 2000. TePutahi-a-Toi@massey.ac.nz

Durie, Mason. *Te Pae Mahutonga: A model for Maori health promotion*. Te Putahi a Toi, School of Maori Studies, Massey University, no date. TePutahi-a-Toi@massey.ac.nz

Durie, Mason. *Whaiora: Maori Health Development*. Oxford University Press, Auckland, 1994, 1998.

Dyall, Lorna, et al. *Maori Expectations of Mental Health Services – A Rotorua Viewpoint*. 1998.

Emanuel, E. J., & Emanuel, L. L. Four Models of the Physician Patient Relationship. *Journal of the American Medical Association*, 267(16), 2221-2226, 1992

Evans, CJ, et al. A Survey of Mental Health Consumers' and Family Members' Involvement in Advocacy. *Community Mental Health Journal,* Volume 34, Number 6, 1998.

Evans, D. *Values in Medicine: What are we really doing to our patients?* (Inaugral Professorial Lecture). Dunedin: University of Otago, 1998.

Fahy, Marguerite and Lysaght, Veronica. *The Sun Will Shine Again: Stories of survival and optimism in the face of mental illness.* Schizophrenia Fellowship, Wellington, 1999. sfwell@xtra.co.nz

Falloon, Ian and Fadden G. *Integrated Mental Health Care.* Johns Hopkins University Press, Baltimore, 1993.

Faulkner, Alison, et al. *Strategies for Living: A report of user-led research into people's strategies for living with mental distress.* The Mental Health Foundation, London, 2000. mhf@mentalhealth.org.uk

Fenton, Liz and Te Kotuà, Te Wera. *Four Maori Korero about their Experience of Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

*Fisher, Daniel. *A New Vision of Recovery.* National Empowerment Center, USA, no date. www.power2u.org

Frame, Janet. *An Autobiography. Volume One: To the Is-Land, 1995; Volume Two: An Angel at my Table, 1994; Volume Three: Envoy from Mirror City, 1994.* Vintage, Dunedin.

Frame, Janet. *Faces in the Water.* Women's Press, London, 1980.

Frank Small and Associates . *Attitudes of Health Professionals Project: A Best Practice and Literature Review.* Commonwealth Department of Health and Social Services, Canberra, 1998. fsasyd@ozemail.com.au

Freire, Paulo. *Pedagogy of the Oppressed.* Penguin, Hammondsworth, 1972.

Fulford, K. W. M. (1993). Bioethical Blind Spots: Four Flaws in the Field of View of Traditional Bioethics. *Health Care Analysis,* 1, 155-162, 1993.

Fulford, K. W. M., & Hope, T. (1994). Psychiatric Ethics: a Bioethical Ugly Duckling? In R. Gillon (Ed.), *Principles of Health Care Ethics* (pp. 681-695). Chichester: John Wiley & Sons, 1994.

Gillon, R. Preface: Medical Ethics and the Four Principles. In R. Gillon (Ed.), *Principles of Health Care Ethics* . Chichester: John Wiley & Sons, 1994.

Golding, Jackie. *WithOut Prejudice: MIND Lesbian, Gay and Bisexual Mental Health Awareness Research.* Mind, London, 1997. publications@mind.org.uk

Goslyn, Annie. *Stepping Stones: A Workbook for Users of Mental Health Services.* Health Funding Authority, Auckland, 1998. information@mentalhealth.org.nz

Grobe, Jeanine (ed). *Beyond Bedlam: Contemporary women psychiatric survivors speak out.* Third Side Press, Chicago, 1995.

*Grohol, John. *The Insider's Guide to Mental Health Resources Online, 2000/2001 Edition.* Guilford Press, New York, 2000. For updates on 2000/2001 edition visit www.insidemh.com

GROW NZ. *The Blue Book.* GROW NZ Inc. PO Box 8720, Symonds Street, Auckland. national@grow.org.nz

Harding, Courtenay M, et al. Chronicity in Schizophrenia: Revisited. *British Journal of Psychiatry*, 161: 27-37, 1992.

Hatfield, A, et al. *Surviving Mental Illness: Stress, coping and adaptation.* New York, Guildford, 1993.

Health and Disability Commissioner. *Code of Health and Disability Consumers' Rights.* Leaflet. No date. www.hdc.org.nz

Health Funding Authority. *National Plan: The Movement Against Stigma and Discrimination Associated with Mental Illness.* 1999. bill.y@HUIA.co.nz

Hirini, P. Counselling Maori Clients: He Whakawhitiwhiti nga Whakaaro I te Tangata Whaiora Maori. *New Zealand Journal of Psychiatry*, Volume 27, Number 2, 1997.

Hsu, Francis. *Americans and Chinese: Passages to Difference.* University of Hawaii Press, 1981.

Hu, Wen-Chang, et al. *Encountering the Chinese: A Guide for Americans.* (No publication details.)

Human Rights Commission. *The Human Rights Act: Protection against Discrimination for People with disabilities.* Factsheet 10. No date. www.hrc.co.nz

Hyden, Lars-Christer. The Rhetoric of Recovery and Change. In *Culture, Medicine and Psychiatry*, 19: 73-90,1995.

Jacobson, Nora, et al. Recovery as Policy in Mental Health Services: Strategies emerging from the states. In *Psychiatric Rehabilitation Journal*, Volume 23, pp. 333-341, 2000.

Jones, Barbara, et al. A Consumer-oriented Practice Model for Psychiatric Mental Health Nursing. In *Archives of Psychiatric Nursing*, Volume 14, Number 3, pp. 117-126, 2000.

King, Michael. *Being Pakeha Now.* Penguin, Auckland, 1999.

King, Michael. *Wrestling With the Angel: a Life of Janet Frame.* Penguin, Auckland, 2000.

Knowles, Malcolm. *Self-Directed Learning: A guide for learners and teachers.* New York, Association Press, 1975.

Kolb David. *Experiential Learning: Experience as the source of learning and development.* Prentice-Hall, New Jersey, 1984.

Kretzmann JB, et al. *Building Communities from the Inside Out.* Northwestern University, Evanston Illinois, 1993.

Kruger, Arnold. Schizophrenia: Recovery and Hope. In *Psychiatric Rehabilitation Journal*, Volume 24, Number 1, pp. 29-37, 2000.

Kutchins, Herb, et al. *Making Us Crazy: DSM – The psychiatric bible and the creation of mental disorders.*

Lacey, Ron. *The Complete Guide to Psychiatric Drugs.* Vermillion, London, 1996. publications@mind.org.uk

Lampshire, Debra, et al. *Recovery Principles for the Older Adult: Dispelling the Myths and Defining the Potential.* Unpublished paper, Auckland Healthcare, 2000. debral@ahsl.co.nz

Lapsley Hilary, et al. Transforming Self and Identity: Narratives of Recovery. In Walkerdine, Valerie (ed) *Selected Papers from the Millennium World Conference in Critical Psychology.* In press. hlapsley@waikato.ac.nz

Lapsley, Hilary, et al. Women's Narratives of Recovery from Disabling Mental Health Problems: A bicultural project from Aotearoa/New Zealand. In Ussher, Jane (ed) *Women's Health: Contemporary International Perspectives.* British Psychological Society, London, 2000.

Lauren, Paul G. *The Evolution of International Human Rights: Visions seen.* University of Pennsylvania Press, 1998.

Laws, Sophie. *Hear Me: Consulting with young people on mental health services.* The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Lee, Evelyn. *Working with Asian Americans: A Guide for Clinicians.* Guilford Press, 1997.

Leibrich, Julie . The Healer Within: A Personal View of Recovery. In Sarah Romans (ed) *Women and Mental Health in New Zealand.* Otago University Press, Dunedin, 1998.

Leibrich, Julie. *A Gift of Stories: Discovering How to Deal with Mental Illness,* Otago University Press, Dunedin, 1999.

Lothian, J. *From Paternalism to Participation?* University of Auckland, Auckland 1999. Mill, J. S. On Liberty. In M. Warnock (Ed.), *Utilitarianism: John Stuart Mill* (pp. 126-250). London: Collins, 1970.

Lucksted, A, et al. Consumer Perceptions of Pressure and Force in Psychiatric Treatments. *Psychiatric Services,* Volume 46, pp. 146-153.

Malo, Vito. *Pacific People in New Zealand Talk about their Experiences with Mental Illness.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

McKnight, John. *The Careless Society: Community and its Counterfeits.* Basic Books, 1996.

Meagher, Janet. *Partnership or Pretence.* Psychiatric Rehabilitation Association, Australia, 1995. 3rd edition due early 2001. admin@pra.org.au

Mental Health Commission. *A Travel Guide for People on the Journeys Towards Equality, Rights and Respect for People who Experience Mental Illness.* 1998. info@mhc.govt.nz

*Mental Health Commission. *Blueprint for Mental Health Services in New Zealand.* 1998. info@mhc.govt.nz

*Mental Health Commission. *Consumer and Family Opinion about Mental Health Services.* 1998. info@mhc.govt.nz

Mental Health Commission. *Discrimination Against People with Experience of Mental Illness.* 1997. info@mhc.govt.nz

Mental Health Commission. *Four Families of People with Mental Illness talk about their Experiences.* 2000. info@mhc.govt.nz

Mental Health Commission. *Protecting Your Health Information: A guide to privacy issues for users of mental health services.* 1999. info@mhc.govt.nz

Mental Health Commission. *Report of Key Messages to the Mental Health Commission from the Hui held February–April 1998.* Mental Health Commission, Wellington, 1998. info@mhc.govt.nz

Mental Health Commission. *The Discrimination Times.* Mental Health Commission, Wellington, 2000. info@mhc.govt.nz

Mental Health Commission. *Three Forensic Service Users and Their Families Talk About Recovery*. 2000. info@mhc.govt.nz

Miller, Clive, et al. *Managing for Social Inclusion*. Office for Public Management, London, 1999. office@opm.co.uk

Miller, Judith S. Personal Consciousness Integration: The next phase of recovery. In *Psychiatric Rehabilitation Journal*, Volume 23, pp. 342-352, 2000.

Miller, William R, et al. *Motivational Interviewing: Preparing People to Change Addictive Behaviour*. The Guilford Press, New York, 1991.

Millet, Kate. *The Loony Bin Trip*. Simon and Schuster, New York, 1990.

Ministry of Foreign Affairs and Trade. *New Zealand Handbook on International Human Rights*. Ministry of Foreign Affairs and Trade, Wellington, 1998.

Ministry of Health. *A Guide to Effective Consumer Participation in Mental Health Services*. 1995. pubs@moh.govt.nz

Ministry of Health. *Guidelines for Involving Families/Whanau of Mental Health Consumers/ Tangata Whai Ora in Care, Assessment, and Treatment Processes*. 2000. pubs@moh.govt.nz

Ministry of Health. *Guidelines for Traditional Maori Healing*. 1999. pubs@moh.govt.nz

Ministry of Health. *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act, 1992*. 1997. pubs@moh.govt.nz

*Ministry of Health. *Moving Forward: The National Mental Health Plan for More and Better Services*. 1997. pubs@moh.govt.nz

*Ministry of Health. *The National Mental Health Standards*. 1997. pubs@moh.govt.nz

Ministry of Health. *Your Rights under the Mental Health Act 1992*. Information sheet. No date. pubs@moh.govt.nz

Mitchell, Leslie J. *A Clinician's Guide to Discovering and Maintaining Recovery for Mental Health Consumers and their Family/Whanau/Carer*. 2000. http://akmhcweb.org/recovery/rec.htm

Morris, Jenny. *Pride against Prejudice: Transforming attitudes to disability*. The Women's Press, London, 1991.

Mueser, K, et al. Trauma and Post-traumatic Distress Disorder in Severe Mental Illness. *Journal of Consulting and Clinical Psychology*, Volume 66, pp. 493-499.

Nash, P. Autonomy, Competence and Mental Disorders. In D. Evans (Ed.), *Why Should We Care* (pp. 116-127). Basingstoke: Macmillan Press, 1990.

Newnen, Craig, et al. *This is Madness*. PCCS Books, 1999. publications@mind.org.uk

Noseworthy, Susan. Consumer Representation in Health Services Delivery: Involvement of consumers and families/carers in the design and planning of mental health services in New Zealand. *Healthcare Review Online*, Volume 3, Number 5, 1999. www.enigma.co.nz/hcro_articles/9905/vol3no5_002.htm

*NZ Qualifications Authority. *National Certificate in Mental Health Support Work*. 1998. www.nzqa.govt.nz/framework/

O'Hagan, Mary. *Stopovers on my Way Home from Mars: A journey intc the psychiatric survivor movement in the USA, Britain and the Netherlands.* Survivors Speak Out, London, 1994. mohagan@ihug.co.nz

O'Hagan, Mary. The International User Movement. *Community Mental Health Care: International Perspectives on Making it Happen.* Gaskell, London, 1993.

Oliver, Michael. *The Politics of Disablement.* MacMillan, London, 1991.

Ouidette Gasque-Carter K, et al. The Educational Needs of Families of Mentally Ill Adults: The South Carolina experience. In *Psychiatric Services*, Volume 50, Number 4, 1999.

Parker, Ian, et al. *Deconstructing Psychopathology.* Sage, London, 1995.

Patten, Dean. *Public Attitudes to Mental Illness.* Department of Health, Wellington, 1992. pubs@moh.govt.nz

Pellegrino, E. D., & Thomasma, D. C. *For the Patient's Good: The Restoration of Beneficence in Health Care.* New York: oxford University Press, 1988.

Pilgrim, David, et al. *A Sociology of Mental Health and Illness.* Open University Press, 1999. publications@mind.org.uk

Pinches, Allan, et al. *Practical ways for consumers to get the most out of their key worker relationships.* No date. www.alphalink.com.au/~alpin

*Pinches, Allan. *Spirituality: A missing link in psychiatry.* No date. www.alphalink.com.au/~alpin

Porter, Roy. *A Social History of Madness: Stories of the Insane.* Phoenix Giants, London, 1996.

Prebble, C. M. *The Experience of Contradiction in Mental Health Nursing Practice.* Unpublished Dissertation for MHSc, University of Auckland, Auckland, 1966.

Privacy Commissioner. *Mental Health Professionals and Patient Information: Guidance Notes for Agencies in the Mental Health Sector.* 1997. info@mhc.govt.nz

Rachels, J. *The Elements of Moral Philosophy.* (3rd ed.). Singapore: McGraw-Hill College, 1999.

*Rapp, Charles. *The Strengths Model: Case management with people suffering from severe and persistent mental illness.* Oxford University Press, New York, 1998.

Read, J and Law, A. The relationship of causal beliefs and contact with users of mental health services to attitudes to the 'mentally ill'. In *International Journal of Social Psychiatry*, 45, 216-229. j.read@auckland.ac.nz

Read, Jim, et al. *Not Just Sticks and Stones: A Survey of the Stigma, Taboos and Discrimination Experienced by People with Mental Health Problems.* Mind, London, 1996. publications@mind.org.uk Out of print. Photocopy available.

Read, Jim, et al. *Speaking Our Minds: An Anthology.* MacMillan, England, 1996. publications@mind.org.uk

Read, John, et al. *The Value of a Psychosocial Perspective and Contact with Users of Mental Health Services in Destigmatisation Programmes.* Soon to be published. j.read@auckland.ac.nz

Repper J, et al. *Tall Stories from the Back Yard: A survey of 'nimby' opposition to community mental health facilities.* Mind, London, 1997. publications@mind.org.uk

Ritchie, James. *Becoming Bicultural.* Hula Publishers, Wellington, 1992.

Rogers, Anne, et al . *Experiencing Psychiatry: Users' Views of Services.* MacMillan, England, 1993. Out of print. Try libraries.

Romme, Marius, et al. *Making Sense of Voices: A guide for mental health professionals working with voice hearers.* Mind, London, 2000. publications@mind.org.uk

Romme, Marius. *Accepting Voices.* Mind, 1993. publications@mind.org.uk

Russell, Denise. *Women, Madness and Medicine.* Polity Press, Cambridge, 1995.

Russell, Marta. *Beyond Ramps: Disability at the end of the social contract.* Common Courage Press, 1998.

Save the Children. *Time to Listen: Young people's experiences of mental health problems.* The Mental Health Foundation, London, 1999. mhf@mentalhealth.org.uk

Sayce Liz, et al. *Outsiders Coming In? Achieving social inclusion for people with mental health problems.* Mind, London, 1999. publications@mind.org.uk

Sayce, Liz. *From Psychiatric Patient to Citizen: Overcoming discrimination and social exclusion.* MacMillan, London, 2000. publications@mind.org.uk

Schon, Donald. *The Reflective Practitioner: How professionals think in action.* New York, Basic Books, 1983.

Seedhouse, D. Practical Nursing Philosophy. Chichester: John Wiley & Sons, 2000.

Seedhouse, D. *Ethics: The Heart of Health Care.* (2nd ed.). Chichester: John Wiley & Sons, 1998.

Seedhouse, David. *Health: The Foundations of Achievement.* John Wiley, Chichester, 1986.

Shaikh, Ziabby, et al. *Between Two Cultures. Effective counselling for Asian people with mental health and addiction problems.* CVS, 2000. publications@mind.org.uk

Shorter, Edward. *A History of Psychiatry: From the era of the asylum to the age of Prozac.* John Wiley and Sons, 1997. publications@mind.org.uk

Siebert, Al. *The Survivor Personality.* Berkley Publishing Group, New York, 1996.

Solomon, P. Moving from Psychoeducation to Family Education for Families of Adults with Serious Mental Illness. In *Psychiatric Services.* Volume 47, Number 12, 1996.

Spaniol, L., Koehler, M., & Hutchinson, D. *The Recovery Workbook: Practical coping and empowerment strategies for people with psychiatric disability.* Boston: Boston University, 1997.

Spaniol, LeRoy, et al. *Leader's Guide: The Recovery Workbook.* Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

*Spaniol, LeRoy, et al. *Psychological and Social Aspects of Psychiatric Disability.* Center for Psychiatric Rehabilitation, Boston University, 1997.

Spaniol, LeRoy, et al. *The Experience of Recovery.* Center for Psychiatric Rehabilitation. Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability*. Center for Psychiatric Rehabilitation, Boston University, 1994. edelston@bu.edu

Spaniol, LeRoy, et al. *The Role of the Family in Psychiatric Rehabilitation: A Workbook*. Center for Psychiatric Rehabilitation, Boston, no date. edelston@bu.edu

Stephens, Marilyn, et al. *Countering Stigma and Discrimination: Organisational policy guidelines for the public sector*. Mental Health Foundation of New Zealand, 2000. information@mentalhealth.org.nz

Strauss John S, et al. The Course of Psychiatric Disorder III: Longitudinal Principles. In *American Journal of Psychiatry*, Volume 142, Number 3, 1985.

Styron, William. *Darkness Visible: A memoir of madness*. Picador, London, 1992.

Sue Barker, et al. *The Daily Stigma*. (Survey on service user responses to negative media coverage on mental health issues.) Mind, London, 2000. publications@mind.org.uk

Sullivan, William P. A Long and Winding Road: The Process of Recovery from Severe Mental Illness. *Innovations and Research*, Volume 3, Number 3, 1994.

Szasz, Thomas. *The Myth of Mental Illness*. Harper and Row, London, 1961.

Tamasese K, et al. *Ole Taeao Afua. The New Morning. A qualitative investigation into Samoan perspectives on mental health and culturally appropriate services*. The Family Centre, Wellington. 1997. fam@netlink.co.nz

Te Puni Kokiri. *Nga Ia o te Oranga Hinengaro Maori: Trends in Maori Mental Health*. Wellington, Ministry of Maori Development, 1994. www.tpk.govt.nz

The Mental Health Foundation. *Knowing Our Own Minds: A survey of how people in emotional distress take control of their lives*. The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

The National Self-Harm Network. *The 'Hurt Yourself Less' Workbook*. 1998. mhf@mentalhealth.org.uk

Tooth, Barbara. *Recovery from Schizophrenia: A consumer perspective*. Report to Health and Human Services Research and Development Grants Program, Australia, 1997. btooth@bigpond.com

Tyrer, Peter. *Models for Mental Disorder: Conceptual models in psychiatry*. John Wiley, 1998. publications@mind.org.uk

Uba, Laura. *Asian Americans: Personality Patterns, Identity and Mental Health*. Guilford Press, 1999.

Veatch, R. *A Theory of Medical Ethics*. New York: Basic Books Inc, 1981.

Wallcraft, Jan. *Healing Minds: A report on current research, policy and practice concerning the use of complementary and alternative therapies for a wide range of mental health problems*. The Mental Health Foundation, London, 1998. mhf@mentalhealth.org.uk

Walsh, K. Ontology and the Nurse-Patient Relationship in Psychiatric Nursing. *Australian and New Zealand Journal of Mental Health Nursing*, 3(4), 113-118, 1994

Watkins, John. *Hearing Voices: A common human experience*. Hill of Content, Melbourne, 1998.

Watkins, John. *Living with Schizophrenia: An holistic approach to understanding, preventing and recovering from negative symptoms.* Hill of Content, Melbourne, 1996.

Weingarten, Richard. The Ongoing Process of Recovery. *Psychiatry*, Volume 57, November 1994.

Wells, Debra. *The Experience of Role Strain from the Perspective of Consumer Employees in Mental Health Settings.* deb.wells@xtra.co.nz

Wilkinson, Richard. *Unhealthy Societies: The afflictions of inequality.* Routledge, 1997.

Wolin, S, et al. *The Resilient Self.* New York, Villiard Books, 1993.

World Health Organisation. *Schizophrenia: An international follow-up study.* Wiley, New York, 1979. Not available through WHO. Can be ordered through amazon.com but they can't ensure supply.

World Schizophrenia Fellowship. *Families as Partners in Care.* World Schizophrenia Fellowship, Toronto, 1998. info@world-schizophrenia.org

Wurtzel, Elizabeth. *Prozac Nation: Young and Depressed in America.* Quartet, London, 1994.

Yee, Lidia, et al. *Chinese Mental Health Issues in Britain.* The Mental Health Foundation, London, 1997. mhf@mentalhealth.org.uk

Yensen, Helen, et al. *Honouring the Treaty: An Introduction for Pakeha to the Treaty of Waitangi.* Penguin, Auckland, 1989.

Zipple, A, et al. Client Confidentiality and the Family's Need to Know: Strategies for resolving the conflict. In Marsh DT, et al, *Ethical and Legal Issues in Professional Practice with Families.* New York, Wiley, 1997.

* print material useful for all competencies

Electronic ordering options

Unity Books unity.books@clear.net.nz

Flying Pig www.flyingpig.co.nz

Amazon www.amazon.com

Major websites

All these websites have search engines and links to other websites.

Mental Health Net

The most comprehensive mental health website on the net with large and diverse listings of resources and other websites – including recovery and self help.
www.mentalhelp.net

Knowledge Exchange Network

Covers a wide range of mental health issues.
www.mentalhealth.org

Internet Mental Health

Comprehensive information on mental disorders from a largely medical perspective with a short list of links to other websites.
www.mentalhealth.com

Lifescape

In-depth content on mental health and related issues for the whole population but also relevant to people with mental illness.
www.lifescape.com

Medscape

Oriented towards general health but with a large 'psychiatry' section.
www.medscape.com

Mental Health Commission

Contains all but a couple of the Commission's publications.
www.mhc.govt.nz

Pub MedCentral

Free online access to the full text of life sciences research articles. New search engines, and other services in development.
www.pubmedcentral.nih.gov

Maori and Pacific websites

Te Puna Web Directory

A general directory to New Zealand and Pacific websites developed by the National Library of New Zealand/Te Puna Matauranga o Aotearoa.
http://tepuna.natlib.govt.nz

Te Puni Kokiri

Information on Te Puni Kokiri and links to other Maori-related websites.
www.tpk.govt.nz

Nga Matatiki Rorohiko

Maori electronic resource compiled by the University of Auckland.
www.auckland.ac.nz/lbr/maori/maorigate.htm

Online references and databases

PsycINFO

An abstract (not full-text) database of psychological literature from 1887 to the present. You can use your library or other sources to get the full-text. The user must pay for the use of the database.
www.apa.org/psycinfo

Healthgate Medline

Medical abstract research database available free online.
www.healthgate.com/Healthgate/MEDLINE/search.shtml
www.healthgate.com

Links to psychological journals

An index of 1600+ online psychology and social science journals. It links you to online and real-life journal home pages and journal information on the web. You may use it to find out about existing journals in the field, contact publishers, browse tables of contents and abstracts, locate online articles, and much more.
www.wiso.uni-augsburg.de/sozio/hartmann/psycho/journals.html

PsychJournalSearch

Duplicates links to psychological journals but gives more search options.
www.mentalhelp.net/journals/

Appendix: The Blueprint on Recovery and Discrimination

The recovery approach (page 1)

Recovery is a journey as much as a destination. It is different for everyone. For some people with mental illness, recovery is a road they travel on once or twice, to a destination that is relatively easy to find. For others, recovery is more like a maze with an elusive destination, a maze that takes a lifetime to navigate.

Recovery is happening when people can live well in the presence or absence of their mental illness, and the many losses that may come in its wake, such as isolation, poverty, unemployment and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them.

Historically, mental health services have failed to use a recovery approach. Recovery could never take place in an environment where people were isolated from their communities and cultures, where power was used to coerce people and deny them choices, and where people with mental illness were expected never to get better.

Some people have experienced recovery without using mental health services. Others have experienced recovery in spite of them. But most will do much better if services are set up and delivered to facilitate their recovery. Virtually everything the mental health sector does, can either assist or impede recovery.

What is recovery? (page 15)

The concept of recovery can be applied to most beliefs about the origins and nature of mental illness – biological, psychological, social or spiritual. It can be also easily applied to holistic approaches such as the Whare Tapa Wha model which encompasses the four dimension of health – taha wairua (spiritual), taha hinengaro (mental and emotional), taha tinana (physical) and taha whanau (family). Some people believe the origins, or at least the prolonging of mental illness, does not just lie in the person with the illness but in the world around them. It may be their family, social injustice, cultural alienation, unresponsive services or a traumatic event. In these cases recovery does not just need to happen in the individual – the people and systems that contribute to the person's illness also need to change to enable that individual to live a better life.

Hope contains the seeds of recovery. It enables people to imagine a better life. People experiencing mental illness often lose hope for themselves. Others, such as their families or mental health professionals, may lose hope for them too. This loss of hope kills recovery.

Responsibility is also essential to facilitate recovery. It motivates people to do their best. People with mental illness who take responsibility for their lives can learn from their mistakes, build on their successes and make positive choices about their future. But personal responsibility needs to be matched with social responsibility. Families, communities, health and welfare agencies and governments must support people in their recovery or at the very least, ensure they do nothing to impede it. The people whose lives

and decisions have an impact on people with mental illness need to act in a spirit of respect, equality and inclusion.

Know-how is needed to sustain recovery. It enables people to put hope and responsibility into action. People with mental illness need to find their own understanding of mental illness and mental health issues. They need to know the treatments, supports and opportunities available to them. They will do better if they learn the skills to cope with life's difficulties and to accumulate good experiences. Families, communities, service providers and legislators need to learn to listen to the needs and aspirations of people experiencing mental illness, and acquire the insight and skills to find approaches to assisting their recovery.

Mental health services and recovery (page 16)

All people working in mental health services must use a recovery approach in their work. The recovery approach is consistent with the guiding principles, especially those which state that services must empower consumers, assure their rights, get the best possible outcomes for them, increase their control over their mental health and well-being, and enable them to fully participate in society. The National Mental Health Standards build upon these guiding principles and translate them into measurable criteria for service performance.

Recovery happens when mental health services reflect the principles of the Treaty of Waitangi: partnership between the Crown and Iwi, positive Maori participation, and active protection by the Crown of Maori interests. This means that the government must take responsibility for Maori health promotion and prevention. The government must also ensure that all mental health services provide good and culturally safe services for Maori, and that all Maori with mental illness have the opportunity use kaupapa Maori services.

Recovery happens when mental health services enable people to find the right help at the right time, for as long as they need it. This means it is easy for people to get into and to find their way around mental health services. People need an assessment of their problem that takes into account their life stage, culture and other circumstances. They need an understanding of how mental health services or other community services or supports can help. This needs to happen quickly, especially if they are in crisis. The treatments and supports they are given should continue for as long as they are needed.

Recovery happens when mental health services give people the best help available – whoever they are and wherever they are. This means that consistently high quality services are offered by the mental health sector, in collaboration with other parts of the sector and other community supports and services. All the treatments and supports they offer people must give the most possible benefits and the least possible adverse effects.

Recovery happens when mental health services provide for people in the context of their whole lives, not just their illnesses. This means services help people reduce unwanted symptoms of mental illness; however, they should also put as much effort into assisting people to counter their isolation, poverty, unemployment, discrimination and anything else they have lost in the wake of their mental illness. Services also need to tailor their responses to people's varying life stages, cultures and life styles. Reducing symptoms alone is not enough to ensure recovery, and may even impede it.

Recovery happens when mental health services protect service users' rights and treat them with respect and equality. This means mental health services offer the most possible independence and choice to service users about their treatment and the support they need in their recovery. They involve service users as equals in all decisions made within the service that affect their lives. Mental health services should provide the least restrictive setting and use the least possible coercion and restraint. If service users are unhappy with the service they need a fair and easy process for making a complaint.

Recovery happens when mental health services are staffed by people who are compassionate and competent to assist people in their recovery. This means the mental health sector collaborates with other sectors to train the workforce to have a focus on recovery, so that services can recruit people with as much knowledge and skill to facilitate wellness as in treating illness. The cultural backgrounds of people working in mental health services should reflect the cultural backgrounds of people using the service. People working in mental health services need manageable working conditions and the support to maintain their own wellness.

Recovery happens when mental health services enable people with mental illness to take on competent roles. This means people with experience of mental illness are given every opportunity to use their competence in the mental health sector. As individuals they take part in their assessments and in decisions about their treatment and support. As a collective they are involved in the planning and evaluation of services at all levels. People with experience of mental illness, with the right aptitude and skills, should be encouraged to seek employment in mental health services. The mental health sector should support the consumer movement to develop support networks and consumer run services. When service users take up these kinds of competent roles, they assist their own recovery – and through their role models, they also assist the recovery of others.

Recovery happens when mental health services can prevent people from using them unnecessarily or from staying in them for too long. This means the mental health sector, in collaboration with other sectors and the rest of the community, works to identify and improve the personal risk factors and the social conditions that contribute to the development of mental illnesses. People developing mental health problems need early intervention to reduce the risk of long term, disabling illness. People currently using services need recovery education to reduce their future dependence on mental health services. This should include education on mental illness and health, treatments, crisis planning and prevention, maintaining a healthy lifestyle, countering discrimination, rights and self-advocacy, communication and problem solving skills, using support networks and using community resources to find such things as work and housing.

Recovery happens when mental health services can look outward and assist people to find and use other community services, supports and opportunities. Mental health services are there to carry out specialist tasks and roles the rest of the community is unable or unwilling to perform. Services should never try to replace natural communities; instead, they must start to see themselves as a part of the community, just as the community must start to see mental health services as part of itself. The biggest barrier to this happening is discrimination. People working in mental health services need to understand that recovery for people with mental illness means having the same rights and responsibilities as other citizens. And they need to promote this understanding to other parts of the community.

Discrimination is a barrier to recovery (page 18)

One of the biggest barriers to recovery is discrimination. That is why stopping discrimination and championing respect, rights and equality for people with mental illness is so important. It is as important as providing the best treatments or therapies.

Discrimination erodes people's life chances. People with mental illness are sometimes subjected to ridicule, harassment and abuse. They may have to contend on a daily basis with negative images of people like them in the media, film, literature and conversation. They are likely to be feared and avoided because of their perceived violence and unpredictable behaviour. Their expressions of anger and pain can be dismissed by others as symptoms of their illness. They are sometimes subjected to excessive pity and the belief that their lives are sad and have little value. They are sometimes told they will never get

better. They know that if they talk about their experience of mental illness they may face rejection. Or they may be simply forgotten or ignored, and denied access to the opportunities most citizens take for granted, such as a liveable income, decent housing, work, family life, and a valued place in their communities.

People with mental illness can experience discrimination in any interaction they have with any other human being. These people may be their families, neighbours, employers, the police, judges, health professionals, government officials, community welfare agencies, other people with mental illness, landlords, bank managers, insurance agents, politicians, journalists, friends, partners, immigration officials, workmates, lawyers, bureaucrats or sports associates, anyone.

And people with mental illness, in painful collusion with others who discriminate, often see themselves as others see them.

Discrimination stunts recovery whereas respect, rights and equality for people with mental illness help to feed recovery:

- Discrimination treats people as objects without full human status. Recovery happens when others treat people with mental illness as equally human.
- Discrimination excludes people from full participation in society. Recovery happens when people have a secure sense of belonging and valued roles in their communities.
- Discrimination perpetuates untruths about people and people with mental illness often feel they have to hide their 'difference' from the rest of the world to be acceptable. Recovery happens when society stops tolerating the untruths about people with mental illness and makes it safe for people to be open about who they are.
- Discrimination punishes people with mental illness for something they did not choose. Recovery happens when people with mental illness feel no shame and know that they are accepted and valued by others.

Mental health services and discrimination (page 19)

The Commission advocates zero tolerance of discrimination. This means refusing to accept it, in any shape or form. One of the Commission's terms of reference is to reduce discrimination. A discrimination-free environment is necessary if the Government's Mental Health Strategy is to be implemented and the mental health workforce is to be strengthened.

Recent government policy documents such as the Ministry of Health's *Looking Forward, Moving Forward* and *National Mental Health Standards* (June 1997), and the Health and Disability Commissioner's *Code of Rights* set out the mental health sector's responsibilities for righting discrimination.

In summary, government policy demands that the mental health sector must actively right discrimination against service users by:

- ensuring that people using mental health services are given respect, equality and rights protection and involvement in decisions at all levels
- working with other sectors to prevent mental illnesses for which a contributing cause is discrimination
- removing the discriminatory barriers to people accessing mental health services
- removing discriminatory barriers to people with mental illness participating fully in society. The Commission's *Map of the Journeys* identifies the sectors of the community and the actions all parts of society can take to right discrimination.

Government policy recognises that the mental health sector is both part of the problem of discrimination, and part of the solution. When the mental health sector begins to treat all people with dignity and respect, it will be more able to help right the discrimination against people with mental illness by others in the wider community.

It is widely acknowledged that discrimination generated by the mental health sector against people using services is a major issue. At the policy and funding levels, discrimination has historically contributed to services that exclude people from society and to the chronic under-funding of mental health services. At all levels, discrimination leads to decision-making by the workforce without the involvement of service users. At the individual level, service users often complain that mental health workers fail to give them respect, protection of rights, and equality.

It is almost inevitable that when people experience discrimination from others, they will internalise the messages they are given. The mental health workforce must recognise this, and develop a recovery approach that gives service users hope, a sense of self-worth, and a sense of belonging.

Some service users are part of the mental health workforce although many do not openly identify as people with experience of mental illness for fear they will be discriminated against by their colleagues. They often work in traditional professional roles. Others use their service user experience as a way into the workforce and often work in newly created advocacy, support, or advisory roles in consumer run organisations or mainstream services. The workforce development needs of this group must be recognised and addressed at all levels.

The mental health sector has huge potential to develop an advocacy role to right discrimination of service users by people in all sectors of society. To start with, the workforce needs to model positive attitudes and behaviour towards service users. The sector also has some responsibility to alert the community to other forms of discrimination (such as on the grounds of ethnicity or gender), which can negatively affect people's mental health. The sector also needs to remove the barriers for people who do not disclose their mental health problems or seek help because of their fears of discrimination.

Discrimination affects the whole mental health sector. Eliminating it will encourage an environment where mental health services get a fair share of the resources, where mental health workers are valued as much as other health professionals, where they feel they do make a positive difference to people's lives, and where morale is high. When mental health workers are themselves valued and respected, they will create an environment of respect, equality and rights for service users.

The mental health sector tends to have lower status and fewer resources than other health or welfare related fields. This can create low morale and a sense of helplessness. It is harder for mental health workers to create an environment of respect, equality, and rights for service users if they themselves feel discriminated against.